

**CITY OF MELROSE**  
**225 1<sup>ST</sup> ST NE**  
**Melrose MN 56352**

Phone: (320) 256-4278

Fax: (320) 256-7766

www.cityofmelrose.com

**APPLICATION FOR PLUMBING PERMIT**

FOR OFFICE USE ONLY			
Date _____	Building Permit No _____	Plumbing Permit No _____	
PIN _____	Lot _____	Block _____	
Addition _____			

Address of Property: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant/Plumber: \_\_\_\_\_

Company Name: \_\_\_\_\_ License No. (if applicable) \_\_\_\_\_

Address of Applicant/Plumber: \_\_\_\_\_

Building Type: Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_

Has a submittal to the State Plumbing Code Division been completed yes \_\_\_\_\_ no \_\_\_\_\_ (required by MHD 4715.3130)

Water Meter Size etc. \$ \_\_\_\_\_

Value Per Roughed-In Fixture	# of Items	Value Per Roughed-In Fixture	# of Items
Water Closet (toilet)		Drinking Fountain	
Bathtub		Floor Sink or Drain	
Lavatory (wash basin)		Roof Drain	
Shower		Lawn Irrigation	
Kitchen Sink & Disposal		Janitor Sink	
Dishwasher		Water Conditioner	
Laundry Sink		Rough-in Future Fixtures	
Clothes washer		Sewer & Water	
Water Heater			

Plumbing project valuation: \$ \_\_\_\_\_ x 1% \$ \_\_\_\_\_

Surcharge (valuation x .0005) \$ \_\_\_\_\_

**TOTAL PLUMBING PERMIT FEES** \$ \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR INSPECTIONS CALL 320-207-1209 A DAY IN ADVANCE  
 This is an application only. Permit will be issued after City approval and payment of fees.  
 Call GOPHER STATE ONE-CALL at 1-800-252-1166 at least 48 hours before excavation.

Zoning Officer \_\_\_\_\_ Building Official \_\_\_\_\_