



Plumbing Permit Application

600 Rice Street East Wayzata MN 55391

952-404-5300 • 952-404-5318 (fax)

permits@wayzata.org

Rev 2/21

Property Information

SITE ADDRESS		Wayzata, MN	SUITE	DATE
PROPERTY OWNER	TENANT NAME		PROJECT VALUATION	

Applicant Information

Applicant: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other				State License #
APPLICANT'S NAME		PHONE NUMBER	• PC _____	
COMPANY NAME		EMAIL		
COMPANY ADDRESS	CITY	STATE	ZIP	

Engineer

COMPANY NAME	CONTACT PERSON			
ADDRESS	CITY	STATE	ZIP	
PHONE	EMAIL			

Send Approved Permit Via:

Email: _____ Mail or In Person
Please **PRINT** legibly

Please Fill In: Detailed Description of Work

The following items are exempt from plumbing permit and inspection requirements in one and two family dwellings:
Replacements of: water closets, dishwashers, sink faucets and valves that connect to the existing supply lines and do not include alterations to the existing plumbing system.

Property Type:	Construction Type:	Indicate Number of Each:		
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition	<input type="checkbox"/> Bathtub/Shower	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Dishwasher
<input type="checkbox"/> Single-Family	<input type="checkbox"/> Alteration / Remodel	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Laundry Sink	<input type="checkbox"/> Washbox
<input type="checkbox"/> Condo / Townhouse	<input type="checkbox"/> New Building	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sump Pump	<input type="checkbox"/> Floor Drain
<input type="checkbox"/> Two-Family (a duplex on a single lot)	<input type="checkbox"/> Replace / Repair	<input type="checkbox"/> Water Closet	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Hose Bib
<input type="checkbox"/> Multi-Family (5 or more dwelling units on a single property)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Sink	<input type="checkbox"/> Backflow Device	<input type="checkbox"/> Flammable Waste
		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Medical Gas

Separate Permits are Required for Building, Mechanical and Electrical work

Applicant: Please read and sign below

I hereby certify that I have read and examined this document and know the same to be true and correct. I understand and agree that the work for which the permit is issued shall be performed according to the State Building Code and applicable city approvals, ordinances and codes. I further certify that I am the owner or the owner's authorized agent proposed work is authorized by the owner. I understand that the work shall not begin until permit is issued, that I am responsible for calling for all required inspections & accessible for the inspection. Final inspection approval and Certificate of Occupancy are required prior to occupying the building. This permit shall become invalid unless authorized is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days.

Applicant Signature: <i>By electronically signing (or typing) your name, you acknowledge that all information provided is true and correct.</i>	Date Signed:
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OFFICE USE ONLY

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Date Received:	Authorization to Issue:	Date:	Permit #:	(3) Permit Fee: _____	
2021 FEES: • Greater than \$50,000 = \$1,000 plus 1.5% of amt over 50k + surcharge • \$0.00 to \$50,000 = 2% of valuation; minimum = \$30.00 + surcharge • Surcharge = .0005 of valuation, minimum 50 cents			Processed by:		Surcharge: _____
			Permit sent via:		Other: _____
			Date sent:		Total Fee: _____