

APPLICATION FOR PLUMBING PERMIT

City of St. Augusta

Owner _____ Phone: _____

Site Address _____

Residential _____ Commercial _____

Type of Construction: New _____ Remodel _____

NOTE:
 All inspections require 24-hour notice. **Call (320) 252-6556**
 Minimum fee includes one rough-in & one final inspection.
 Permit expires six months from date of issue.
 You may be subject to additional fees after final inspection,
 for additional fixtures and inspections.

Permit Number _____	
Date Issued _____	
Permit Fee (minimum permit fee 49.50)	\$ _____
Water Heater Replacement only (30.00 plus surcharge)	\$ _____
State Surcharge	\$ _____
Below Grade Insp. Additional \$30.00	\$ _____
Total Fee	\$ _____
(Make out separate check to City for each permit)	

Item	Quantity	Item	Quantity	Item
Drains (Garage)	_____	Lawn Sprinkler System	_____	Drain, Waste and Vent:
Backflow Preventor	_____	Refrigerator w/Water	_____	ABS _____
Bathtubs/Showers	_____	Sill Faucets	_____	PVC _____
Kitchen Sink	_____	Water Meter	_____	Other _____
Dishwashers	_____	Sewage Ejector	_____	Sewer Hookup _____
Drinking Fountains	_____	Urinal	_____	Water Hookup _____
Floor Drains	_____	Washer Stand Pipe	_____	Roof Drains _____
Garbage Disposals	_____	Water Closets/Toilet	_____	Potable Water:
Grease Traps	_____	Water Heaters	_____	Copper _____
Inflammable Traps	_____	Water Conditioners: (Softener, Iron Filters, RO)	_____	PEX _____
Laundry Tubs	_____	Sump Pump or Pail:	_____	Other _____
Lavatories	_____	Other	_____	TOTAL FIXTURES _____

The undersigned hereby makes application for a permit for the work herein specified, agreeing to do all such work in strict accordance with all applicable codes and ordinances and hereby declares that all the facts and representation stated in this application are true and correct and that the property owner has accepted these materials and equipment.

Plbg. Cont. _____ Tel. # _____

Address _____ Fax # _____

Signed _____ Lic. # _____

Approved by: _____ (Plbg. Insp.)

CITY OF ST. AUGUSTA
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