Permit # _____

**CITY OF MAPLEWOOD**
**Building Department**
1830 County Road B East Maplewood, MN 55109
Phone (651)249-2300
www.MaplewoodMN.gov

# Plumbing Permit Application

Job Address: _____ Job Site Name (Commercial): _____

Property Owner: _____ Phone #: _____

Contractor: _____ **State License #**: _____

Contractor Phone #: _____ Contractor Address: _____

Email address of the Applicant: _____

Description of Work (ex: 1st floor bathroom remodel): _____

_____

***** SPRWS permits & inspects any water supply work 651-266-6270***SPRWS permit required? ____(Y/N)**

## RESIDENTIAL

| **Fixture** | **Quantity** |
|---|---|
| Water closet (toilet) | |
| Laundry Tray | |
| Floor Drain | |
| Washer | |
| Bath Tub | |
| Shower Bath | |
| Water Heater | |
| Garbage Disposal | |
| Kitchen Sink | |
| Wash Basin | |
| Dishwasher | |
| Water Softener | |
| Other | |
| **Total Fixtures** | |
| **Surtax** | **1.00** |
| **Total Residential Fee** | |

## COMMERCIAL ONLY

**Submit state approved plans or fill out minor plumbing remodel form with this application**

**Job valuation $** _____

**Valuation x .02 + $91 =** _____

**Surtax (.0005 x valuation) =** _____
**(.50 min)**

**Total Commercial Fee = $** _____

**Residential minimum fee is $45 plus $1.00 surtax. <u>This includes one fixture</u>. Add $10 for each additional fixture.**
The undersigned makes application for a permit to do plumbing work as herein specified and agrees to do the work in accordance with all applicable code requirements.

_____ _____ _____ _____
**Applicant's Signature** **Date** **City approved by** **Date**

_____
**Applicant (Printed)**

Updated 1/08/2024