



# City of Zimmerman

12980 Fremont Avenue  
Zimmerman, MN 55398

Telephone 763-856-4666 \* Fax 763-856-4787  
www.zimmerman.govoffice.com

## PLUMBING PERMIT APPLICATION

Date \_\_\_\_\_

Location of Work \_\_\_\_\_  
(Street Address)

Owner / Builder \_\_\_\_\_ Phone \_\_\_\_\_

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Contractor's Address \_\_\_\_\_  
(Street Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's State License Number \_\_\_\_\_

**Residential:**      New SFD      Remodel

**Commercial:**      Fee = Valuation of job \_\_\_\_\_

**Nature of Installation:**      New-Complete      Fixtures      Sewer  
    Water Plumbing      Septic System      Heaters  
    Water Piping      Gas Piping      Sprinklers

**Description of Work:**     (Check box and list quantity on line following description)

<input type="checkbox"/> Bath Tubs _____	<input type="checkbox"/> Toilets _____	<input type="checkbox"/> Slop Sinks _____
<input type="checkbox"/> Showers _____	<input type="checkbox"/> Bathroom Sinks _____	<input type="checkbox"/> Drinking Fountains _____
<input type="checkbox"/> Kitchen Sinks _____	<input type="checkbox"/> Gas Outlets _____	<input type="checkbox"/> Lawn Sprinkler _____
<input type="checkbox"/> Dish Washer _____	<input type="checkbox"/> Heaters _____	<input type="checkbox"/> Laundry Trays _____
<input type="checkbox"/> Water Softener _____	<input type="checkbox"/> Gas Piping _____	<input type="checkbox"/> Floor Drains _____
<input type="checkbox"/> Gas Vents _____	<input type="checkbox"/> Urinals _____	

This permit becomes null and void if work or construction authorized is not commenced within 120 days, or if construction work is suspended or abandoned for a period of 120 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of the laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
(Signature of Contractor or Authorized Agent)

\_\_\_\_\_  
(Date of Signature)

*For office use only:*

Permit Fee \_\_\_\_\_ + Plan Check Fee \_\_\_\_\_ + State Surcharge \_\_\_\_\_ = Total Fee \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ PAID: cash \_\_\_ check # \_\_\_ Receipt #: \_\_\_\_\_