TO BE FILLED OUT BY APPLICANT - INCOMPLETE APPS MAY NOT BE PROCESSED

CITY OF PLATO 112 2nd Avenue NE - PO Box 7 Plato, MN 55370

Phone: 320-238-2432 Fax: 320-238-2542

PAGE 1

☐ Handout Given

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"	UILDING PERMI
	Routed to MNSPECT

SITE ADDRESS:PID:					
 Was the home constructed before 1 Will the work disturb ≥6 sq ft of inter Are there any windows being replaced Has this home been Certified Lead F EPA Contractor Certification Number 	ior painted surfaces or ≥20 so ed? (YES □, go to line 4, NO Free? (YES □, you MUST Atta	q ft of exterior painted surfaces? (YES □ continue without completing EPA Se	□ go to line 4, NO □ line 3) ection)		
PROPERTY OWNER:		Address:			
City: State:	Zip:	Email:			
Contact Name:		Phone:			
CONTRACTOR:		Address:			
City: State:	Zip:	Phone:	Fax:		
Contractor License No:	·	Contact Name:	Phone:		
Email:					
ARCHITECT:		Address:			
City: State:	Zip:	Phone:	Fax:		
Email:		Contact Name:	Phone:		
TYPE OF WORK:	□ New Construction	□ Deck	□ Re-Roof		
□ Commercial □ Residential	□ Change of Use	□ Pool	□ Re-Side		
EST. VALUATION OF WORK	□ Finish Basement□ Remodel	□ Retaining Wall □ Porch	□ Fence ≤ 7' > 7'□ Shed (≤ 200 sq ft)		
Square feet:	□ Addition	□ Demolition	□ Window/Door Replacemen		
G444.0 700t.	□ Garage-Attached/Detach	☐ Plumbing-provide detail on Page 2	# being replaced		
		•			
Detailed Description of Work:	□ Accessory Structure	☐ Mechanical-provide detail on Page 2	□ Misc Other		
Detailed Description of Work:		□ Mechanical-provide detail on Page 2	□ Misc Other		
Signature of this application by the legal property owner.	□ Accessory Structure	representative, is required and authorizes the Zonin	g Administrator or designee and the Buildin		
	Accessory Structure or or a licensed contractor, as the owner's rm needed inspections. Entry may be with dge. I further agree that all work performe a of Minnesota regarding actions taken put within 180 days from date of permit, or if	representative, is required and authorizes the Zonin nout prior notice. I hereby acknowledge that I have reed will be in accordance with approved plans, specificursuant to this permit. I agree to pay all plan review	g Administrator or designee and the Buildir ad this application and state that all cations and conditions and to abide by all fees even if I choose not to proceed with		
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CITY OF PLATO

	☐ PLUMBING PERMIT					
PAGE 2	FOR PERMIT ISSUANCE					
	PAGE 1 and PAGE 2 should be complete					
MECHANICAL INFORMATION						
Mechanical Contractor:	Address:					
City: State: Zip:	Phone: Fax:					
State Bond No:	Contact Name:					
Email:	Contact Phone:					
Detailed Description of Work:						
·						
Indicate type of project, fixtures, and Gas Lines you w	vill be installing or replacing (include count for each type of fixture):					
MECHANICAL FIXTURES	GAS LINES					
Quantity Quantity	Quantity					
Furnace Kitchen Fan	Furnace					
Air Conditioning System Bath Fan	Fireplace					
Air Exchanger Grill	Unit Heater					
Fireplace	Water Heater					
Unit Heater	Grill					
In Floor Heat	Dryer					
Gas Log	Stove					
	Office Use Only:					
☐ Replacement (one fixture only, no piping or vent changes						
□ Addition/Remodel	Gas Line Permit Fee: \$					
□ New Construction	State Surcharge: \$					
□ Other	Other: \$					
	Total Mechanical Permit: \$					
PLUMBII	NG INFORMATION					
Plumbing Contractor:	Address:					
City: State: Zip:	Phone: Fax:					
Plumbers License No:	State Bond No:					
Contact Name:	Contact Phone:					
Email:	Contact Hone.					
Detailed Description of Work:						
Betailed Bescription of Work.						
Indicate type of project and fixtures you will be i PLUMBING FIXTURE	installing or replacing (include count for each type of fixture):					
Quantity Quantity	Quantity_					
Water Heater Shower	Laundry Tub					
□ Gas □ Electric □ □ Dishwasher	Rough-In Future Fixture					
Water Softener Clothes Washer	Nough-in ratale rixtale					
Lawn Sprinkler System lce Maker Line	Sump Water Piping System					
Water Closet (Toilet) I lose Bib	Floor Drain					
Lavatory (Wash Basin) Bathtub	11001 D10111					
Duntub	Office Use Only:					
□ Replacement (one fixture only, no piping or vent changes						
□ Addition/Remodel	State Surcharge \$					
□ New Construction	Other: \$					
□ Other	Total Plumbing Permit: \$					
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