

CITY OF AFTON
PLUMBING PERMIT/APPLICATION

Date Received: _____ Received By: _____ Permit # _____

-----**APPLICANT COMPLETE INFORMATION BELOW**-----

Project Address: _____ or PID # _____
Property Owner: _____ Phone _____
Address: _____ City: _____ Zip: _____
Plumbing Contractor: _____ License # : _____
Address: _____ City: _____ Phone: _____
Proposed Work: Residential: ___ Commercial: ___ Other: _____
Use and Occupancy: _____ Type of Construction: _____
New Building: Yes ___ No: ___ Description of Work: _____

Estimated Value[labor and materials]: _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of 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.

Applicants name [please print]: _____ Address: _____
City: _____ Zip: _____ Phone: _____
Signature: _____ Date: _____

-----**CITY USE ONLY**-----

BUILDING OFFICIAL: Reviewed By: _____ Date: _____
Subject to the following conditions: _____

PUBLIC WORKS: Reviewed by: _____ Date: _____
Subject to the following conditions: _____

-----**FEES**-----

Plumbing Permit: _____ Plan Review: _____ State Surcharge: _____
Other: _____

TOTAL DUE: _____

Date Issued: _____ Issued By: _____ Receipt # _____

City Address: 3033 St. Croix Trail S., P.O. Box 219, Afton, MN 55001
If you have questions on code items, inspection requirements or to schedule an inspection call:
Duane Stensland at 651-436-6469 or Connie at 651-436-5090