

**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: \_\_\_\_\_  
Email 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:  
Isaac Stensland at 651-436-7669 or the Afton City Office at 651-436-5090