



# CITY OF EDINA

4801 50<sup>th</sup> Street West, Edina, MN 55424-1394  
Building Inspections Department  
(952) 826-0372 FAX (952) 826-0389 EdinaMN.gov

PERMIT NUMBER \_\_\_\_\_  
  
For Office Use Only

## Plumbing Permit Application

PRINT OR TYPE APPLICATION

**FOR PAPER SUBMITTALS ONLY**

### Site Information

Address \_\_\_\_\_ Suite/Unit number \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Tenant/Building name \_\_\_\_\_  
Is a variance required?  Yes  No If yes, provide Planning Department case number \_\_\_\_\_

### Work Description

Proposed starting date \_\_\_\_\_ Estimated completion date \_\_\_\_\_  
 1 New  2 Addition  3 Alteration  3 Remodel  4 Repair  4 Replace  
  
 01 Residential  02 Multi-family Residential  03 Commercial/ Industrial  
 04 Schools  05 Churches & Religious Bldg  06 Hospital/ Institutional Bldg  
 07 Other Non-residential Bldg  08 Other Non-building Structure  99 City Owned  
  
 All Plumbing, New Home  Dishwasher  Kitchen Sink  Shower  Water Closet  
 Backflow Preventer  Drinking Fountain  Laundry Tub  Slop Sink  Water Heater  
 Bath Tub  Flammable Waste Trap  Lavatory Sink  Urinal  Water Meter  
 Bath ¾  Floor Drain  Misc. Fixtures  Utility Sink  Water Softener  
 Bath - Half  Garbage Disposal  Roof Drain  Sump Pump/Drain tile  
 Bath - Full  Grease Trap  RPZ Valve-**Commercial only**  Sump Pump Discharge  
Additional description \_\_\_\_\_

**Valuation**

**Applicant is**  
 Owner  Contractor  Designer

### Contractor Information

Company Name \_\_\_\_\_ MN Contractors License # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person Name \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

### Designer Information

Company name \_\_\_\_\_  Engineer  Master Plumber  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact person name \_\_\_\_\_ MN License/Registration # \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

**COMPLETE APPLICATION ON REVERSE SIDE**

**Owner Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ EMail \_\_\_\_\_ Fax \_\_\_\_\_

**Applicant Signature**

I hereby apply for a permit and attest to the following:

- \* All information on this application is complete and accurate.
- \* All work will comply with Edina City Code and Minnesota State Building Code.
- \* I understand this is an application only, not a permit. Work will not start without an approved permit.
- \* All work will be done according to plans approved by the City of Edina when approved plans are required.
- \* Erosion and sediment control, when applicable, will be installed before starting work.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's printed or typed name \_\_\_\_\_

**Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant**

I certify I occupy and own the dwelling and/or own the accessory structure for which this permit application is being submitted. I further certify I will continue to reside at this dwelling after all plumbing, heating, ventilating and/or air conditioning work I install has been completed. I certify that I or my immediate family (as defined in Edina City Code) will install all plumbing, heating, ventilating and/or air conditioning work in accordance with all local and state regulations, and that the installer is knowledgeable with the applicable codes.

Homeowner's signature \_\_\_\_\_ Date \_\_\_\_\_

Homeowner's typed or printed name \_\_\_\_\_

**Approvals**

for office use only

Building Inspections Dept  
By \_\_\_\_\_ Date \_\_\_\_\_Engineering Dept  
By \_\_\_\_\_ Date \_\_\_\_\_Planning Dept  
By \_\_\_\_\_ Date \_\_\_\_\_Health Dept  
By \_\_\_\_\_ Date \_\_\_\_\_Fire Dept  
By \_\_\_\_\_ Date \_\_\_\_\_Assessing Dept  
By \_\_\_\_\_ Date \_\_\_\_\_**Fees**

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Permit fee  Yes  No \_\_\_\_\_Plan review fee  Yes  No \_\_\_\_\_State surcharge  Yes  No \_\_\_\_\_Contractor license fee  Yes  No \_\_\_\_\_Investigation fee  Yes  No \_\_\_\_\_

TOTAL \_\_\_\_\_