

PERMIT NO. _____

**Town of Thomson
Plumbing Permit Application**

Job Site Address: _____ PID# _____

Project Valuation: \$ _____ The Applicant is: Owner/Occupant Contractor
(must include material and labor costs)

Property Owner

Name: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Email: _____

Contractor

Name: _____ Contact Person: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ **Contractor License #** _____

Permit Type		Type of Work	
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> New	<input type="checkbox"/> Existing Building
		<input type="checkbox"/> Repair / Replace	<input type="checkbox"/> Demolish

Fixtures

_____ Backflow Preventer	_____ RPZ	
_____ Bathtub	_____ Roof Drain	
_____ Dishwasher	_____ Shower	<u>Special Fixtures</u>
_____ Drinking Fountain	_____ Sill Cock	_____ Flammable Waste
_____ Fixture Rough-In Only	_____ Sink	_____ Grease Interceptor
_____ Floor Drain	_____ Standpipe	_____ Sewage Ejector
_____ Garbage Disposal	_____ Urinal	_____ Other _____
_____ Laundry Tub	_____ Water Closet	
_____ Lavatory	_____ Water Heater	
_____ Meter Install	_____ Water Softener	

Permit becomes void if work does not begin within 180 days or is suspended for over 180 days.

The undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all ordinances and laws of the Town of Thomson.

Periodic and/or a final inspection of this work are required by the Minnesota State Building Code. It is the responsibility of the applicant to schedule an inspection.

Applicant's Printed Name Date

Signature of Contractor or Owner Date

PERMIT NO: _____

FEES

\$ _____ Permit

\$ _____ Plan Check

\$ _____ State Surcharge

\$ _____ **TOTAL FEE**

\$ _____ **Card Conv. Fee**

\$ _____ **Total Paid**

Date _____

Authorization # _____