



City of Brooklyn Center

Building & Community Standards
6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199
Ph: (763)569-3300 TTY 711 Fax: (763)569-3360
www.cityofbrooklyncenter.org

Plumbing Permit Application

Permit No: _____

Site Address _____ Date of Application: _____

Tenant Name & Contact (For Commercial Only) _____

Applicant is: [] Contractor [] Owner

Property Owner section with fields for Name, Address, City, State, Zip Code, Phone, and Email.

Plumbing Contractor section with fields for Company Name, Address, City, State, Zip Code, Company Phone, Email, Master Plumber, and License No. Includes a note: 'Copy of Master Plumber License and Bond must be on file with City.'

Description of work: _____

Valuation of Work Performed: []

Table with 4 columns listing fixtures: Basin/Sink, Bathtub, Catch Basin, Dishwasher, Drinking Fountain, Flammable Waste, Floor Drain, Garbage Disposal, Irrigation/Sprinkler System, Shower, Soda Fountain Lines, Trench Drain, Wash Tray, Water Closet/Urinal, Water Heater, Water Softener, Other, and RPZ.

The undersigned acknowledges that this application has been read and that the above information is correct and agrees to comply with all ordinances, laws and applicable codes of the City of Brooklyn Center and the State of Minnesota.

Applicant Name _____ Signature: _____
(Please Print)

Permits must be submitted in person or mailed. Permits will not be accepted via e-mail or fax.

City Staff Use Only

Permit Sub Type	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Public	<input type="checkbox"/> Residential	<input type="checkbox"/> Other
Work Type	<input type="checkbox"/> Addition <input type="checkbox"/> Demo/Move <input type="checkbox"/> New <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> Repair	<input type="checkbox"/> Replace <input type="checkbox"/> RPZ <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Undefined			
Required Inspections	<input type="checkbox"/> Final <input type="checkbox"/> Gas/Air Test <input type="checkbox"/> Gas/Air Test	<input type="checkbox"/> Monometer <input type="checkbox"/> Rough-in/Air Test <input type="checkbox"/> RPZ Test Report	<input type="checkbox"/> Underground <input type="checkbox"/> Visual <input type="checkbox"/> Waste & Vent		

Permit Fee Calculations: (Valuation: \$ _____)

2% of Value (Minimum Fee \$25.00) _____

Residential Water Heater up to 4 units (\$60) _____

Residential Water Softener up to 4 units (\$60) _____

Residential Water Heater & Softener up to 4 units (\$60) _____

Plumbing Fixtures \$60 up to 3 fixtures, \$10 for each add. _____

Plumbing Plan Review (65% Base Fee) _____

State Surcharge _____
 (Permit Valuation X .0005)

TOTAL PERMIT FEE \$ _____

Special Conditions/Remarks: _____ _____ _____ _____		
Required Approvals:	Signature	Date
Building Official/Inspector		
Entered By		