



City of Gem Lake

Heritage Hall

4200 Otter Lake Road | Gem Lake, MN 55110

651-747-2790/92 | 651-747-2795 (fax)

E-mail city@gemlakemn.org

Plumbing Permit Application

Applicant: Owner Contractor

Property Information

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Contractor Information

Contractor: _____

State License #: _____ Lead Certification #: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Property Type

Commercial Public/Institutional Single-Family Home Two-Family Home Townhouse Accessory Structure

Construction Type

New Addition Remodel/Alteration Replace

Residential Plumbing Fixture(s) (1st fixture \$25.00, additional fixture(s) \$10.00 each, plus state surcharge of \$1.00)

Kitchen Sink(s) _____ Dishwasher(s) _____ Garbage Disposal(s) _____ Laundry Tray(s) _____ Floor Drain(s) _____

Water Closet(s) _____ Wash Basin(s) _____ Bath(s) _____ Shower(s) _____ Washing Machine(s) _____

Water Heater(s) _____ Water Softener(s) _____ RPZ(s) _____ Boiler(s) _____ Gas Pipe(s) _____ Other(s) _____

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 of the performance of construction.

I assume full responsibility for the progress and completion of the work authorized by this permit. This permit becomes null and void if work is not commenced within 180 days, or if work is suspended for a period of 180 days at any time after work is commenced.

All General Contractors and All Sub-Contractors performing work in connection with this permit are required to be licensed by the State of Minnesota or the City of Gem Lake.

Applicant Signature: _____ Date: _____

Office Use Only

Permit No. _____

Approved by: _____ Date: _____