

**CITY OF EXCELSIOR
PLUMBING PERMIT APPLICATION**

339 Third Street
Excelsior, MN 55331
(952) 474-5233

Permit # _____
Receipt# _____

Date _____

Site Address _____

Residential Commercial COST OF JOB \$ _____

Owners Name _____

Telephone _____

Plumbing Contractors Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	OTHER
Back Flow Preventer				
Bath Tub				
Bidet				
Disposal				
Lawn Sprinkler				
Roof Area Drain				
Sewage Ejector				
Shower				
Sink				
Sump Pump				
Urinals				
Washer/Clothes				
Washer/Dish				
Wash Tray				
Water Closet				
*Water Heater				
Water Piping				
*Water Softener				
Other				
Other				
Other				
TOTAL FIXTURES				

The undersigned agrees to do all work in conformance with City Ordinances and rulings of the Inspection Department and herewith declares that all facts and representations on this application are true and correct, and agrees to **notify Metro West Inspections when ready for inspection. (763) 479-1720.**

APPLICANT'S SIGNATURE

FEES: Base Permit Fee \$ 40.00
\$8.50 Per Residential Fixture
Commercial Based on Valuation
Per Building Permit Schedule

* PERMIT FEE \$ _____

PLAN REVIEW \$ _____

STATE SURCHARGE \$ _____
[.0005 x Value – Min. \$.50; Flat Permit Fee \$1.00]

TOTAL \$ _____