



Plumbing Permit Application

Office Use Only
Permit # _____

Site Address _____

Applicant Contractor Owner

Property Owner

Name		Phone	
Address	City	State	Zip

Contractor

Name		Phone	
Address	City	State	Zip
Contact Person		License #	

E-Mail Address _____

Type of Property

Residential 1 & 2 Family
 Residential Multi-Family
 Commercial
 Industrial
 Public

Work Description

Number of Fixtures

_____ Bath Tubs	_____ Water Closets	_____ Showers
_____ Lavatories	_____ Urinals	_____ Whirlpools
_____ Floor Drains	_____ Kitchen Sinks	_____ Dishwashers
_____ Drinking Fountains	_____ Laundries	_____ Service Sinks
_____ Water Softeners	_____ Water Heaters	_____ Misc Fixtures

(list misc. fixtures in work description)

Please read and sign

I hereby apply for a plumbing permit and I acknowledge that the information provided is complete and accurate; that the work will be done in accordance with the ordinances and codes of the City of Albert Lea and the State of Minnesota; that I understand this is not a permit but only an application for a permit and work is not to start without a permit;

Applicant Printed Name

Applicant Signature

Date Signed

All permit applications may be mailed to:

City of Albert Lea
Attn: Development Services
221 E Clark St
Albert Lea, MN 56007

Or emailed to one of the following:

cmaras@ci.albertlea.mn.us
rrice@ci.albertlea.mn.us
bskogheim@ci.albertlea.mn.us
wsorensen@ci.albertlea.mn.us

Do not write below this line; for office use only

Permit Fee \$ _____
State Surcharge \$ _____
Additional Fee \$ _____
Permit Total \$ _____

Permit Approved by _____ Date _____