



# PLUMBING PERMIT APPLICATION

Building Inspections Department | City of Savage | 6000 McColl Drive, Savage, MN 55378  
 Office: 952-882-2650 | Fax: 952-882-2656 | savageinspections@ci.savage.mn.us

PERMIT INFORMATION				
<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement
RESIDENTIAL, ONE AND TWO FAMILY				
<input type="checkbox"/> Lawn Irrigation/Backflow Preventer (new installation or RPZ Rebuild)				\$50.00
<input type="checkbox"/> Water Heater				\$50.00
<input type="checkbox"/> Water Softener				\$50.00
<input type="checkbox"/> Minimum Fee				\$50.00
<b>Permit Total</b>				<b>\$</b>
COMMERCIAL, INDUSTRIAL AND MULTI-FAMILY				
Business Name		Description of Work		
				Valuation of Work
				Valuation x 0.02
				Valuation x .0005 (State Surcharge)
<b>Permit Total (Minimum Charge \$130.00)</b>				<b>\$</b>
SITE INFORMATION				
Site Address		Parcel ID		
APPLICANT/CONTRACTOR INFORMATION				
Applicant/Company Name		Contact Person		
Contractor License No.		License Expiration Date		
Address		Email		
City		State	Zip	
Cell Phone	Phone		Fax	
PROPERTY OWNER INFORMATION				
Name			Phone	
Address		City	State	Zip
<p>I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance to provisions of the ordinances of the City of Savage, the State Plumbing and Building codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. This permit will expire in six (6) months from the date of issue if a passing final inspection is not obtained.</p>				
<b>Signature of Applicant</b>			<b>Date</b>	
<b>Printed Name of Applicant</b>				
OFFICE USE ONLY				
Permit No.		Master Permit No.		Project No.
Approved by			Date	