

PLUMBING PERMIT APPLICATION

City of Spring Lake Park 1301 81st Ave NE 763-784-6491

Spring Lake Park, MN 55432 Permits@slpmn.org

JOB ADDRE	ESS:			
		OWNERS INFORM	ИATION:	
Name:				TYPE OF PROPERTY:
				Commercial
		Phone:		
		CONTRACTORS INFO	DRMATION:	
	Please Note: C	ontractors must be licensed	with the City of Spring La	ke Park
Name:				
Address:				
	Email: Phone:			
State License #:		Expiration Date:		
		APPLICAN	T:	
Same as	Property Owner	Contractor	Other (Explain)	:
	DES	CRIPTION OF WORK TO	D BE COMPLETED:	
Mark Quan	ntity:			
	Bathtub		k & Disposal	
	Dishwasher	Laundry Tra		
	Drinking Fountain Dryer	Lavatory (W Lawn Sprinl		
	Floor Drain	Lawn Sprini Shower		Water Neater Water Softener
	Gas Fireplace	Other (Explain)		
Valuation of work :		Start Date:	Estimated Com	npletion Date:
Contrac	ctor Signature:		Date	:
		ure:		

If the application is NOT fully completed, it will be denied at time of processing. Please verify that all necessary information is legible and plans are included with job cost estimates.

Payment: We accept cash, checks & credit cards (with additional processing fees).