CITY OF NORTH BRANCH
PLUMBING PERMIT APPLICATION

Applicant to complete numbered spaces only. **PID:**

JOB ADDRESS				
1 LEGAL DESCRIPTION LOT NUMBER	BLOCK	TRACT		☐ SEE ATTACHED SHEET
2 OWNER	MAILING ADDRESS			PHONE
3 CONTRACTOR	MAILING ADDRESS		PHONE	LICENSE NO.
4 ARCHITECT OR DESIGNER	MAILING ADDRESS		PHONE	LICENSE NO.
5 ENGINEER	MAILING ADDRESS		PHONE	LICENSE NO.
6 LENDER	MAILING ADDRESS		PHONE	BRANCH
7 USE OF BUILDING				
8 CLASS OF WORK: ☐ NEW	☐ ADDITION	☐ ALTERATION	☐ REPAIR	
9 DESCRIPTION OF WORK:				
10 SPECIAL CONDITIONS				
11 TYPE OF FUEL: ☐ OIL	☐ NATURAL GAS	☐ LPG		
12 VALUATION OF WORK $				

-NOTICE-

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 OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR OWNER DATE

APPROVED BY BUILDING OFFICIAL DATE

PERMIT NO._____

-FEES-

Permit _____

Plan Check _____

Surcharge _____

-INSPECTOR NOTES-

TOTAL FEE _____

DATE PAID _____

RECEIPT NO. _____

WHEN PROPERLY VALIDATED THIS IS YOUR PERMIT

White Copy: City of North Branch • Yellow Copy: Contractor • Pink Copy: Chisago County

Phone: 651-674-8113 **Fax: 651-674-8262**