City of New Brighton

Plumbing Permit Application

803 Old Hwy 8 NW, New Brighton, MN 55112-2792
Office: 651.638.2050 / Email: permits@newbrightonmn.gov

JOB ADDRESS:	**DATE:**
PROPERTY OWNER:	**PHONE #:**
CONTRACTOR:	**PHONE #:**
CONTRACTOR ADDRESS:	**CONTRACTOR LICENSE #**
EMAIL:	

Property Use

☐ Residential
☐ Multi-Family*
☐ Commercial* *State reviewed plans?
☐ Yes ☐ No

Valuation Based Projects

Project Valuation: $_____

Flat Fee Item(s)

Fixture Type	Qty	Fee	Total
Water Heater		$52.50	
Water Softener		$52.50	
Backflow Prev. for Irrigation		$58.00	
RPZ (No permit req. for testing or rebuilds. Test report needs to be sent to the City)		$58.00	

Valuation Based Fees Total

Permit Fee (1.5% x Valuation / Min. fee $52.50) $_____

Plan Review Fee (50% of permit fee*) $_____
*NOT required if reviewed by State

State Surcharge (.0005% x Valuation) $_____

Admin Fee $ **15.00**

TOTAL DUE: $_____

Fees Total

(Flat Fee items ONLY)

Flat Fee Total: $_____

Admin Fee**:** **$ 15.00**

State Surcharge: **$ 1.00**

TOTAL DUE: $ _____

Specific Description of Work to be Completed

_____
_____
_____
_____

Permit will become void 180 day from date of issuance. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of New Brighton regulating building construction.

Applicant's Signature: _____ **Date:** _____

Office Use Only

Permit #: Approved by:

C:\Users\amccur\Desktop\PERMITS 2016\Plumbing 2016.doc

CREDIT CARD AUTHORIZATION FORM

(to be mailed or delivered in person – do not email)

Job Site Address: _____

Cardholder/Company Name: _____

Credit Card Type: ____Visa ____MasterCard ____ Discover

Credit Card #:_____

Expiration Date: _____

3-Digit Code (CSC): _____

Amount to Charge: $_____

I authorize the **City of New Brighton** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for the purchase in accordance with the issuing banks cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

This form will be destroyed immediately following payment processing.

****Be advised that email is not a secure transmission.****