

City of Mound

2415 Wilshire Blvd.
Mound, MN 55364
City: 952-472-0600 MNSPECT: 952-442-7520

**COMMERCIAL PLUMBING PERMIT
AND PLAN REVIEW APPLICATION**

Permit Number: _____

Project (site) Address _____ Owner's Phone _____

Business Name _____ Owner's Name _____

City/State/Zip _____

Owner's Address _____

Plumbing Contractor/Designer _____ Phone _____

Address _____ City/State/Zip _____

Email _____

Bond Number: _____ Plumbing License Number: _____

New Const. Addition Alteration Replacement / **EST VALUATION OF WORK:\$** _____

Project Description: _____

Building Service Information:

Sewer: New Municipal Existing Municipal New On-Site Septic Existing On-Site

Water: New Municipal Existing Municipal New Private Well Existing Private Well

Please indicate ALL fixtures included in this permit:

- | | | |
|-----------------------------|-------------------------|---------------------------------|
| _____ Water Closet (toilet) | _____ Bathtub | _____ Floor Sink |
| _____ Lavatory (wash basin) | _____ Shower | _____ Piping/Treating Equipment |
| _____ Kitchen Sink & Disp. | _____ Dishwasher | _____ Catch Basin |
| _____ Laundry Tray | _____ Clothes Washer | _____ Vacuum Breakers |
| _____ Water Heater | _____ Water Softener | _____ Lawn Sprinkler System |
| _____ Urinal | _____ Drinking Fountain | _____ Roof Leader-Rainwater |
| _____ Rough-in Future Fix. | _____ Sump | _____ Septic Tank & Drain Field |
| _____ Misc. Fixtures | _____ Floor Drain | _____ Water Piping System |

Total Number
Of Fixtures

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the Municipality Zoning Administrator or designee and the Municipality Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of the Municipality and the Laws of the State of Minnesota regarding actions taken pursuant to this permit, I agree to pay all plan review fees even if I choose not to proceed with the work. I certify that this plumbing system was designed in accordance with the Minnesota Plumbing Code (as amended) to the best of my abilities, and I agree to forward the report and plans to the installer of the system.

Signature _____

Print Signature Name _____

Date _____

Approved valuation: _____

| | |
|-------------------------------|--------------|
| Permit Fee | _____ |
| Code Review | _____ |
| State Surcharge | _____ |
| License Look Up | _____ |
| Other | _____ |
| Total Permit Charge \$ | _____ |

Permit issued by:

Date: _____

THIS PAGE MUST ACCOMPANY ALL COMMERCIAL PLUMBING PERMIT APPLICATIONS

The following check list has been compiled to assist in expediting the commercial plan review and permit issuance process. Please take a moment to review these submittal requirements and to verify all of the necessary documentation prior to submitting your project.

PLUMBING PERMIT and PLUMBING PLAN REVIEW – THE FOLLOWING ITEMS ARE REQUIRED:

- 2 (two) sets of Signed Plumbing Plans
- Utility Site Plan / Floor Plan / Roof Plan
- Water Riser / Soil, Waste, Vent Riser Diagrams
- Plumbing Specifications
- Copy of Plumbers License/Bond
- Completed permit application including:
 - Date
 - Site Address (including Suite #) and Name of Project
 - Owner
 - Owner Address
 - Telephone Number
 - Contractor Information (if applicable)
 - Description of work being performed
 - Valuation of work being performed
 - Signature of applicant
- Complete and provide Service Water Heating compliance form for compliance with the Minnesota State Energy Code (see attached)

PLUMBING PLAN REVIEW – Please provide the following information:

Choose one of the following:

- Building Sewer and/or Water Service Only** (this fee applies when no interior plumbing is to be installed)
\$150 flat fee _____

- Plumbing System** (Water distribution and drain/waste/vent systems within the building, and water and/or sewer service connections, if applicable).

This portion of the fee is based on total number of drainage fixture units (DFU)

Total DFU _____

- a. 25 or fewer DFU **\$ 150** _____
- b. 26 to 50 DFU **\$ 250** _____
- c. 51 to 150 DFU **\$ 350** _____
- d. 151 to 249 DFU **\$ 500** _____
- e. 250 or more DFU: **\$3 x** ___ DFU **\$** _____ **Maximum \$4,000**

- Interceptors/Separators** (grease interceptors, flammable water interceptors, etc...)
 _____ x \$70 = \$ _____ or **None**

- Storm Drainage System** **\$150** _____ **minimum OR**
 Each internal roof drain opening (\$500 max.) _____ x \$50 = \$ _____ or **None AND/OR**
 Each storm water interceptor, separator, or catch basin design _____ x \$70 = \$ _____ or **None**

- Manufactured Home Park or Campground**
 - a. 25 or fewer sites **\$ 300** _____ c. 51 to 125 sites **\$ 400** _____
 - b. 26 to 50 sites **\$ 350** _____ d. 125 or more sites **\$ 500** _____

TOTAL PLUMBING PLAN REVIEW \$ _____