Township of PLUMBING PERMIT APPLICATION



33155 Hemingway Ave Stacy, MN 55079 Ph. 651-462-3009

OFFICE USE ONLY	
PERMIT #	

Site Address		City	Zip	PID#	
Homeowner name		Address			
City	State	Zip	Phon	e	
Contractor Name	Contractor License #				
Contractor Address		City	State	ZipPhone	
Architect (if applicable)			Phone _		
PROPERTY USE	TYPE OF WORK		NUMBER of F	FIXTURES	
□ RESIDENTIAL □ COMMERCIAL	□Install New □Alter □Repair	 □ Toilet □ Bath Tub □ Shower 		Drinking fountain	

To schedule an inspection, please call Lent Township Building Inspector Jack Kramer at 651-351-5051. Please allow 24 hour notice for inspections.

CHECKS SHOULD BE MADE PAYABLE TO LENT TOWNSHIP.

OI	FFICE USE ONLY
TOWNSHIP FEE	:
STATE SURCHA	ARGE
PLAN CHECK F	EE
TOTAL DUE	
PAID ON	RECEIPT #
APPROVED BY	
APPROVAL DAT	E

The applicant hereby acknowledges that the validity of any permit is contingent upon the compliance of all work done and materials used with the plans and specifications herewith submitted, and with the applicable ordinances of Lent Township.

Applicant Signature	Date
Applicalit Olymatule	