



City of Victoria
 7951 Rose Street
 P. O. Box 36
 Victoria, MN 55386
 (952) 443-4210

DATE RCV'D: _____

Building Inspection Department

PLUMBING

PERMIT APPLICATION

DATE OF APPLICATION _____

JOB SITE ADDRESS _____

HOMEOWNER CONTRACTOR PID NO. _____

HOMEOWNER _____ PHONE/CELL # _____

STREET ADDRESS _____

CITY _____ ZIP _____

CONTRACTOR _____ PHONE/CELL # _____

STREET: _____

CITY: _____ ZIP: _____ CONTR. #: _____

PLUMBING SYSTEM SOFTENER LAWN SPRINKLER INSIDE PLBG CONVERSION

ADDN/REPAIR WATER HEATER RPZ MISC

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

JOB COST _____ (approximate cost)

JOB DESCRIPTION _____

PLUMBING FIXTURES: (Indicate the number of fixtures installed)

- _____ WATER CLOSET
- _____ LAVATORY
- _____ DISHWASHER
- _____ SHOWER
- _____ BATHTUB
- _____ LAUNDRY TUB
- _____ KITCHEN SINK
- _____ CLOTHES WASHER
- _____ FLOOR DRAIN
- _____ DRINKING FOUNTAIN
- _____ SLOP SINK

- _____ WATER SOFTENER
- _____ URINAL
- _____ DISPOSAL
- _____ RAIN LEADER
- _____ CATCH BASIN
- _____ SUMP PUMP
- _____ ROUGH-INS
- _____ WATER HEATER
- _____ LAWN SPRINKLER
- _____ OTHER

I hereby apply for a plumbing permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and the codes of the city and with the state plumbing code; that I understand this is not a permit and work is not to start without a permit; and that the work will be in accordance with the approved plan.

HOMEOWNER MUST COMPLETE A PROPERTY OWNER WAIVER AND SUBMIT WITH THIS APPLICATION.

Applicant's Signature _____ Date _____