



Community Development  
221 East Clark Street  
Albert Lea, Minnesota 56007-2496  
507-377-4340

## Plumbing Permit Application

### Office Use Only

Permit # \_\_\_\_\_

Site Address

Applicant ☐ Contractor ☐ Owner

### Property Owner

Name

Phone

Address

City

State

Zip

### Contractor

Name

Phone

Address

City

State

Zip

Contact Person

License #

E-Mail Address

### Type of Property

☐ Residential 1 & 2 Family

☐ Residential Multi-Family

☐ Commercial

☐ Industrial

☐ Public

### Work Description

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### Number of Fixtures

\_\_\_\_\_ Bath Tubs

\_\_\_\_\_ Water Closets

\_\_\_\_\_ Showers

\_\_\_\_\_ Lavatories

\_\_\_\_\_ Urinals

\_\_\_\_\_ Whirlpools

\_\_\_\_\_ Floor Drains

\_\_\_\_\_ Kitchen Sinks

\_\_\_\_\_ Dishwashers

\_\_\_\_\_ Drinking Fountains

\_\_\_\_\_ Laundries

\_\_\_\_\_ Service Sinks

\_\_\_\_\_ Water Softeners

\_\_\_\_\_ Water Heaters

\_\_\_\_\_ Misc Fixtures

(list misc. fixtures in work description)

**Please read and sign**

I hereby apply for a plumbing permit and I acknowledge that the information provided is complete and accurate; that the work will be done in accordance with the ordinances and codes of the City of Albert Lea and the State of Minnesota; that I understand this is not a permit but only an application for a permit and work is not to start without a permit;

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

**All permit applications may be mailed to:**

City of Albert Lea  
Attn: Development Services  
221 E Clark St  
Albert Lea, MN 56007

**Or emailed to one of the following:**

cmaras@ci.albertlea.mn.us  
rrice@ci.albertlea.mn.us  
bskogheim@ci.albertlea.mn.us  
wsorensen@ci.albertlea.mn.us

**Do not write below this line; for office use only**

Permit Fee \$ \_\_\_\_\_

State Surcharge \$ \_\_\_\_\_

Additional Fee \$ \_\_\_\_\_

Permit Total \$ \_\_\_\_\_

Permit Approved by \_\_\_\_\_ Date \_\_\_\_\_