



Fire & Inspection Department  
 221 East Clark Street  
 Albert Lea, Minnesota 56007-2496  
 507-377-4340

# Plumbing Permit Application

<u>Office Use Only</u>
Permit # _____

Site Address		
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Applicant	Contractor	Owner
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### Property Owner

Name		Phone	
Address	City	State	Zip

### Contractor

Name		Phone	
Address	City	State	Zip
Contact Person		License #	

E-Mail Address
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### 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: Inspection Dept  
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 \_\_\_\_\_