



MARSHALL

BUILDING DEPARTMENT
344 WEST MAIN STREET
MARSHALL, MN 56258-1313
PHONE: (507) 537-6773
FAX: (507) 537-6830

APPLICATION FOR PLUMBING PERMIT

OWNER: _____ Daytime Phone No. _____

Mailing Address: _____

Email Address: _____

CONTRACTOR: _____ Cell Phone No. _____
Daytime Phone No. _____

Mailing Address: _____

Email Address: _____

PLUMBER NAME: _____ Cell Phone No. _____

MN Plumbers License No.: _____

MN Contractor's Lead Certificate required for all interior work on Dwellings built in 1978 and earlier:

Certificate No. _____ Year built _____

LOCATION ADDRESS: _____

APPLICANT: Owner Contractor

BRIEF DESCRIPTION of WORK: _____

Plumbing work value has been included with the Building Permit valuation: Yes No N/A
If yes put zero as valuation.

VALUATION: Total valuation of all work including labor and materials _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

I understand that no work shall begin until I receive the Plumbing Permit issued by the Building Official upon full payment of the plumbing permit fee.

Signature of Applicant

Date