

**APPLICATION FOR PLUMBING PERMIT
CITY OF ELKO NEW MARKET
P.O. Box 99
New Market, MN 55054
Office 952-461-4777
Fax 461-2782**

Date _____ Permit No. _____
 Builder _____ Address _____ Phone _____
 Plumbing Contractor _____ Address _____
 Phone _____ Fax No. _____ Cellular No. _____
 Site Address _____
 Lot _____ Block _____ Addition _____

Residential one and two family (New Construction/Alterations)			
Type of Work	Fee	Surcharge	Total
Plumbing System	\$104.50	\$0.50	\$
Bathroom Finish	\$44.50	\$0.50	\$
Lawn Sprinkler	\$44.50	\$0.50	\$
Water Heater	\$44.50	\$0.50	\$
Water Softener	\$44.50	\$0.50	\$
Minimum Fee	\$44.50	\$0.50	\$
Permit Cost:			\$

Commercial, Industrial and Multi-family (New Construction, Alterations, Repairs or Replacements)	
Project Title:	Job Type:
ESTIMATED VALUATION OF WORK (Contract Price)	\$
Contract Price x 0.015	\$
Contract Price x .0005 (state surcharge)	\$
Permit Cost (Minimum Charge \$45.00)	\$

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance as described above and according to the provisions of the ordinances of the City of Elko New Market, the State Plumbing and Building Codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. I also understand this permit is valid for a period of six (6) months.

Signature of Applicant: _____ **Date:** _____

Approved by (Building Official): _____ Date: _____