|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Permit #:** | | | |  | | |  | | | | | | | | | | | | |
| **Building Address:** | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | 55150 | | | | | | | | | |
| **Owner**: | |  | | | | | | | | | | | | *Phone*: | | | ( ) - | | |
| *Address /*  *City / Zip:* | |  | | | | | | | | | | | | | | | | | |
| **Contractor**: | |  | | | | | | | | | | | | *Phone:* | | | ( ) - | | |
| *Address /*  *City / Zip:* | |  | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **Commercial:** |  | **Residential:** | | | | | | | | | | | | | | | | | | | | | |
| Description of Work: | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
| **Fixture Count (*Include Rough-ins)*:** | | | | | | | | | | | | | | | | | | | |
| **FIXTURE** | | | | **QUANTITY** | | | **FIXTURE** | **QUANTITY** | **FIXTURE** | | | | | | | | **QUANTITY** | | |
| Toilet: | | | |  | | | Kitchen Sink: |  | Water Heater: | | | | | | | |  | | |
| Bath Tub: | | | |  | | | Bar Sink: |  | Water Conditioner: | | | | | | | |  | | |
| Shower: | | | |  | | | Dishwasher: |  | Water Connection: | | | | | | | |  | | |
| Lav. Sink | | | |  | | | Washer Box: |  | Sewer Connection: | | | | | | | |  | | |
| Hose Bib | | | |  | | | Laundry Pan: |  | Lawn Irrigation: | | | | | | | |  | | |
| Floor Drain: | | | |  | | | Utility Sink: |  | Grease Trap: | | | | | | | |  | | |
| Sump Drain: | | | |  | | | Other: |  | **TOTAL FIXTURES:** | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| * **The undersigned acknowledges that he/she has provided accurate information and agrees to comply with all the ordinances and laws of the City of Mendota and the Minnesota State Building Code.** * **If construction is not commenced or is suspended for a period of 180 days, this permit becomes null and void.** | | | | | | | | | | | | | | | | | | | |
| Applicant Signature: | | |  | | | | | | | | | | | | Date: | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Valuation: | |  | | | * **Commercial = *Required*** * Residential = n/a | | | | Contractor State License #: | | | | | |  | | | | |
| Permit Fee: | | $75 | | | | ***X2 if penalty*** | | | Check #: | | | |  | | | | Receipt #: | |  |
| Fixtures Fee: | |  | | | * **Commercial = *.01 x Valuation*** * Residential = Total Fixtures x $5.00 | | | | **CONDITIONS:** | | | |  | | | | | | |
| Surcharge: | |  | | | * **Commercial = *.0005 x Valuation \*Minimum $5.00*** * Residential = $1.00 | | | |  | |  | | | | | | | | |
| **TOTAL:** | |  | | | | | | |  | | |  | | | | | | | | |
| Issued By: |  | | | | | | | | | | | | | | | Date: | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| **NOTICE:** | | * **Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the work inspected.** * **Separate permits are required for electrical, elevator, plumbing, mechanical, and fire suppression systems.** | | | | | | | | | | | | | | | | | |