



ONLINE PERMITS
www.cityofroseville.com/epermits

2020

COMMUNITY DEVELOPMENT DEPARTMENT • PHONE: 651-792-7080
 2660 CIVIC CENTER DR. • ROSEVILLE, MN 55113

RESIDENTIAL PLUMBING PERMIT APPLICATION

APPLICATION DATE: _____ PERMIT NUMBER: _____

WORK PROPOSED: New Alteration .

SITE ADDRESS:

APPLICANT: Name: _____ Phone: _____

Address: _____

OWNER: Name: _____ Phone: _____

Address: _____

***Homeowners/occupants performing their own work must also sign and submit a Homeowner Affidavit**

CONTRACTOR: Name: _____ Phone: _____ License #: _____

Address: _____

WORK DESCRIPTION:

Valuation (labor & materials)
 Homeowners must also include labor

OF EACH FIXTURE:

Water Closet:		Bath Tub:		Kitchen Sink:	
Urinal:		Shower:		Wash Basin:	
Gas Stove:		Water Heater:		Dish Washer:	
Laundry Trays (2):		Disposal:		Fountains:	
Floor Drain:		Catch Basin:		Wet Bar:	
RPZ:		Slop Sink:		Other:	

TOTAL NUMBER OF FIXTURES: _____ **Installing Back Flow Device?** Yes No

Fee Calculation		Meter Deposit Sizes	
Plumbing Permit Fee	\$61.00	(circle size needed):	
Each Fixture/Opening	\$10.00/each	5/8" Compound 2"	
Backflow Device	\$10.00	3/4" Compound 3"	
State License Verification	\$1.00	1"	Residential spacers (5/8) may be issued by the Roseville Building Department, all others are issued by Public Works (651-792-7004).
(contractors only)		1.5"	
State Surcharge	\$1.00	2"	
Processing Fee	\$2.00		

Acknowledgement and Signature:

The undersigned hereby makes application to the City of Roseville to perform the work as herein described. The undersigned further states, under penalty of law, that the work will be performed in accordance with the Minnesota State Building Code, this application, and any approved plans and/or specifications. Some or all of the information that you are asked to provide on the application is classified by State law as either private, public, or confidential. The data will constitute a public record if and when the permit is issued.

Print Name: _____ Signature _____
 Contractor Owner Other: _____
 Phone: _____ Date: _____ E-Mail Address: _____

OFFICE USE ONLY:

Fees Bolded are mandatory fees, along with any applicable			Total Fees:
Permit	\$ 61.00	State Surcharge	\$ 1.00
Fixture/Opening - \$10.00/each	\$ _____	State License Verif.	\$ 1.00
Backflow Device - \$10.00	\$ _____	(contractors only)	
Processing Fee	\$ 2.00	Meter Deposit:	\$ _____
		Other: _____	\$ _____
			Receipt #: _____
			Receipt Date: _____

Requests for permit refunds must be made within 180 days of permit issuance date.