



City Of Wyoming - Department Of Building Safety

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947 Fax (651) 462-3938

APPLICATION FOR PLUMBING PERMIT

Date _____ Structure Used As _____

Owner _____ Phone # _____

Site Address _____ city _____ State _____ zip _____

Legal Description Lot _____ Block _____ Subdivision _____

Sec _____ Twp 33N Range 21W Zone _____ PIN (Tax) Number R 21.

Plumbing Contractor Name _____ Phone # _____ PLEASE PRINT

Contact Person _____

Address _____

Job Description _____ Estimated Cost \$ _____

Number of each item listed below:

- Water Closet (toilet) _____ Dish Washer _____ Laundry Trays _____
Bath Tub _____ Garbage Disposal _____ Floor Drain _____
Whirlpool Tub _____ Kitchen Sink _____ Sewer Line _____
Urinal _____ Drinking Fountain _____ Water Line _____
Bidet _____ Catch Basins _____ Lawn Sprinkler _____
Lavatory (bath sink) _____ Water Softener _____ Standpipe _____
Shower _____ Sewage Ejector _____ Hose bib _____
Grease Interceptor _____ Gas piping _____ Sewage Ejector _____
Water Heater Size _____ Oil/Flammable Waste Separator _____
(Gas or electric) _____ Garage Floor Drain (Cannot discharge into septic or sewer) _____

To install gas piping you must be licensed with the City of Wyoming License # _____

The undersigned agrees to do all work in conformance with The Minnesota State Building Code and herewith declares that all facts and representations on this application are true and correct.

THE UNDERSIGNED AGREES TO NOTIFY THE INSPECTIONS DEPT. WHEN READY FOR INSPECTIONS.

Signature of Applicant _____ Date _____

This permit may be issued only to a licensed plumbing contractor or to an owner who occupies the single-family dwelling. MN Statute 326.40

OFFICE USE ONLY

Required Inspections: [] Rough-In _____ [] Final _____

APPROVED / DISAPPROVED By: _____ Date ____/____/____ Official

Permit # _____ Date Paid ____/____/____ Check # _____