



City Of Wyoming - Department Of Building Safety

26885 Forest Blvd., PO Box 188

Wyoming, MN 55092

Phone (651) 462-4947 Fax (651) 462-0576

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 _____ License # _____
PLEASE PRINT

Contact Person _____ Phone # _____

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 _____	Backflow preventer _____	Sewage Ejector _____
Water Heater Size _____	Oil/Flammable Waste Separator _____	Garage Floor Drain (Cannot discharge into septic or sewer) _____
(Gas or electric) _____		

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 326B.46

OFFICE USE ONLY

Required Inspections: Rough-In _____ Final _____

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

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