



CITY OF FALCON HEIGHTS

2077 W. Larpenteur Avenue, Falcon Heights, MN 55113

Phone (651) 792-7600 • Fax (651) 792-7610

www.falconheights.org

For Internal Use Only:	
Permit No. _____	Amount Received _____
Receipt No. _____	Date Issued: _____

PLUMBING PERMIT APPLICATION

Job Address		
Home Owner	Mail Address (if different than job address)	Phone
Contractor	Point of Contact (name of person)	Phone
Contractor Mail Address		
Describe work (new, addition, alteration, repair)		MN License/Bond #

NOTICE	#	Type of fixture/item	Fee	
<p style="color: red; margin: 0;">CALL FOR INSPECTIONS: 651-766-4029</p> <p style="margin: 0;">Contractors doing work in the City of Falcon Heights must be licensed and/or bonded through the State of MN or have a current Falcon Heights contractor's license.</p> <p style="font-size: small; margin: 0;">This permit shall be null and void if authorized work is not started within 120 calendar days or if work is suspended or abandoned for a period of 120 days or more after work has started. Applicant hereby agrees that all work will be done in accordance with the building codes and ordinances adopted by the City of Falcon Heights and the State of Minnesota. Applicant has read and examined this application and knows the same to be true and correct.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="margin: 0;">Signature of Applicant</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="margin: 0;">Printed Name of Applicant</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="margin: 0;">Date</p> <p style="color: red; margin: 10px 0;">Credit card charges will incur a 3.1% + \$0.30 convenience fee</p>		Water closet (toilet)		
			Bath tub	
			Whirlpool	
			Lavatory (wash basin/sink)	
			Shower	
			Kitchen sink and disposal	
			Dishwasher	
			Laundry tub/sink	
			Clothes washer	
			Water heater	
			Drinking fountain	
			Floor drain or sink	
			Urinal	
			Slop sink	
			Sump pump	
		Outside faucet		
		Other		
Total Number of Openings: _____		X \$7.00 \$ _____		
		Base Fee \$ _____	30.00	
		Surcharge \$ _____	1.00	
		Total Fee \$ _____		

Permit Fees:

Per Opening: **\$7.00**

Base Fee: **\$30.00**

State Surcharge: **\$1.00**

Approved by: _____
Building Official
Date