

Department of Building Safety

101 4th St E, Hastings, MN 55033

Phone: 651-480-2342

Email: Building@Hastingsmn.gov

www.hastingsmn.gov

Plumbing Permit Application



SITE ADDRESS: _____

PID#: _____

Owner Name: _____

Phone: _____

Street Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Description of Project: _____ **Valuation:** \$ _____

- Water Softener Gas Line Sewer Repair New SFD (if separate from Building Permit)
- Water Heater Other Water Line Repair Interior Finish (if separate from building permit)

Plumbing Contractor <input type="checkbox"/> Owner Performed (Owner Waiver Required)	Company/Name: _____ Phone: _____ License # _____ Exp Date: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Email: _____
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The undersigned acknowledges that he/she has read this application, and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Hastings.

Signature of Applicant or Authorized Agent

Date

NOTICE: This is an **application only**. Permit will be issued after City approval and payment of fees. Permit shall be null and void if authorized work is not started within 180 days or work is suspended for 180 days or more.

OFFICE USE ONLY

Bld Type	<input type="checkbox"/> SFD <input type="checkbox"/> Condo	<input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> Commercial		
Work Type				
Required Inspections	<input type="checkbox"/> Plumbing UG <input type="checkbox"/> Plumbing RI <input type="checkbox"/> Plumbing Final	<input type="checkbox"/> Water Heater <input type="checkbox"/> Water Softener	<input type="checkbox"/> Sewer Repair <input type="checkbox"/> Water Repair <input type="checkbox"/> Gas Line	
Fee Notes	<input type="checkbox"/> Plan Review _____ _____ _____	<input type="checkbox"/> Other _____ _____ _____		

Building Approval: _____ Date: _____