

CITY OF MOORHEAD BUILDING CODES

500 CENTER AVENUE/PO BOX 779

MOORHEAD, MINNESOTA 56561

PHONE (218)299-5424 FAX (218)299-5399

E-MAIL buildingcodes@ci.moorhead.mn.us

PLUMBING PERMIT APPLICATION

CLASSIFICATION OF WORK: Residential Multiple Commercial Industrial

SITE	Project Title
	Project Site Address

OWNER	Owner	Contact Person
	Owner Address	Phone Number
	City, State, Zip	Fax Number

CONTRACTOR	Contractor	Contact Person
	Contractor Address	Phone Number
		Email
	City, State, Zip	Fax Number

of Fixtures _____ Water _____ Sewer _____ Water Heater _____

Brief Description of Work:

Delivery of Permit (check one): Mail _____ Fax _____ Pickup _____ Email _____

Fax Number for Permit Delivery:

Email Address for Permit Delivery:

I hereby apply for a Plumbing Permit and acknowledge that the information above is complete and accurate; that this is not a permit; that the work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Code; and, that I will cause the work to remain accessible and exposed for inspection purposes.

Applicant Signature	Date
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