



Plumbing Permit Application

City of Brainerd

501 Laurel Street ♦ Brainerd, MN 56401 ♦ 218.828.2309 ♦ 218.828.2316 (fax)

www.ci.brainerd.mn.us

SITE ADDRESS		PROJECT VALUATION	DATE	
OWNER'S NAME		THE APPLICANT IS: (Check one) <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor		
OWNER'S ADDRESS		CITY	STATE	ZIP
OWNER'S PHONE NUMBER		OWNER'S EMAIL ADDRESS		
CONTRACTOR'S BUSINESS NAME		CONTRACTOR'S BUSINESS ADDRESS		
CONTRACTOR'S EMAIL ADDRESS		CITY	STATE	ZIP
CONTRACTOR'S BUSINESS PHONE	CONTRACTOR'S CELL NUMBER	PLUMBING CONTRACTOR STATE LICENSE NO.	CITY LICENSE NO.	

Are there fuel-fired appliances in the dwelling(s) and/or is there an attached garage? Check appropriate box: YES NO

Carbon Monoxide Alarms – Sections 1305-908.7 (Group I or R occupancies) and 1309-R315 (IRC-1, 2, 3)

Where work requiring a *permit* occurs in existing *dwelling*s that have an attached garages or in existing *dwelling*s within which fuel-fired *appliances* exist, carbon monoxide alarms shall be provided in accordance with Section R315.1.

R315.1.1 Installation. Carbon monoxide alarms shall be installed outside and not more than 10 feet (3048 mm) from each separate sleeping area or bedroom. Alarms shall be installed on each level containing sleeping areas or bedrooms.

DESCRIPTION OF WORK

Number of Fixtures

Water Closet _____ Lavatory _____ Bathtub _____
 Sink & Disposal _____ Dishwasher _____ Shower _____
 Floor Drain _____ Stop Sink _____
 Wash Tray _____ Drinking Fountain _____
 Lawn Sprinkler _____ Water Piping _____
 Hydraulic Valve _____ Rain Leader _____
 Other _____

TOTAL FIXTURES

Special Devices

Future Rough In _____ Set Fixture _____
 Beer Dispenser _____ Water Treatment _____
 Catch Basin _____ Water Heater _____
 Sump Plump Receiving Tank _____ Manholes Area _____
 New Ground Run _____ Water Piping _____
 Re-Inspection _____ Blow Off Basin _____
 Other _____

GAS PIPING

Size _____ Number of Openings _____

Certification

Permits are required for Electrical, Building, Heating, Ventilating and Air Conditioning. This permit becomes null and void if the work authorized is not commenced within 180 days of the date of issuance, or if the work is abandoned or suspended for a period of 180 days. All provisions of laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or Local law regulating construction or the performance of construction activities. This permit may be revoked at any time for due cause.

I hereby certify that I have read and examined this application and know the same to be true and correct.

APPLICANT'S SIGNATURE

DATE

OFFICE USE ONLY

DOUBLE FEE

YES NO

PROPERTY ID

PERMIT NUMBER



Old brass gas valves must be replaced when the valve leaks gas or the valve is stuck and not operable with hand pressure. The valve must be replaced with an approved gas shut off valve.
City of Brainerd, Department of Building Safety.

BUILDING PERMIT APPLICANT: PROPERTY OWNER

I, _____, understand that the State of Minnesota requires that all residential building contractors, remodelers and roofers obtain a state license unless they qualify for a specific exemption from the licensing requirements. This license requirement applies to owners of residential real estate who build or improve such property for purposes of speculation or resale.

By signing this document, I attest to the fact that I am improving this house for my own use and am not building or improving this house for the purpose of reselling it. I hereby claim to be exempt from the state licensing requirements because I am not in the business of building or remodeling on speculation or for resale and that the house for which I am applying for this permit, located at _____, Brainerd, is the first residential structure I have built or improved in the past 24 months. I also acknowledge that because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under Minn. Stat. 514.01.

Furthermore, I acknowledge that I may be hiring independent contractors to perform certain aspects of the construction or improvement of this house and I understand that some of these contractors may be required to be licensed by the State of Minnesota. I understand that unlicensed residential contracting, remodeling, and/or roofing activity is a misdemeanor under Minnesota law, and that the filing of a false statement with the City of Brainerd may also result in criminal prosecution pursuant to applicable city ordinances and/or state statutes.

I have also been informed and acknowledge that by listing myself as the contractor for this project, I alone will be responsible to the City of Brainerd for compliance with all applicable building codes and city ordinances in connection with the work being performed on this property.

Signature of Property Owner

Date

To determine whether a particular contractor is required to be licensed, or to check on the licensing status of individual contractors, please call the Minnesota Department of Labor & Industry, Construction Codes and Licensing Division at (651) 284-5005 or toll-free at 1-800-657-3944.