



City of Savage Building Inspections Department
6000 McColl Drive
Savage MN 55378
(952) 882-2650 fax (952) 882-2656

APPLICATION FOR 2008 PLUMBING PERMIT

Date _____ Permit Number _____
 Applicant/Contractor _____
 Address _____ Zip Code _____
 Phone _____ Fax _____ Cellular _____
 Site Address _____
 Lot _____ Block _____ Addition _____
 Homeowner _____ Phone _____

Residential One and Two Family (New Construction/Alterations)			
Type of Work	Permit Fee	Surcharge	Total
Plumbing System	\$109.50	\$0.50	\$
Bathroom Finish	\$44.50	\$0.50	\$
Lawn Sprinkler	\$44.50	\$0.50	\$
Water Heater	\$44.50	\$0.50	\$
Water Softener	\$44.50	\$0.50	\$
Minimum Fee	\$44.50	\$0.50	\$
Permit Total:			\$

Commercial, Industrial and Multi-family (New Construction, Alterations, Repairs or Replacements)	
Project Title:	Job Type:
ESTIMATED VALUATION OF WORK (Contract Price)	\$
Contract Price x 0.02	\$
Contract Price x .0005 (state surcharge)	\$
Permit Cost (Minimum Charge \$110.00)	\$

I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance as described above and according to the provisions of the ordinances of the City of Savage, the State Mechanical and Building Codes. I further agree that any plans and specifications submitted herein shall become part of this permit application. I also understand this permit is valid for a period of six (6) months.

Signature of Applicant: _____ **Date:** _____

Approved by (Building Official): _____ Date: _____