



**Building Inspection Department**  
 208 NW 1<sup>st</sup> Avenue – 1<sup>st</sup> Floor  
 Faribault, MN 55021  
 Phone (507) 333-0387 Fax (507) 384-0507

# Plumbing Permit

Email all applications to:  
[buildingcodes@ci.faribault.mn.us](mailto:buildingcodes@ci.faribault.mn.us)

**Plumbing Permit**  
*Required Information by Applicant*

ITEM	Number
Water Closets	
Bath Tub	
Lavatories	
Shower Bath	
Sinks - Kitchen	
Sinks - Pot	
Sinks - Bar	
Sinks - Slop	
Urinals	
Drinking Fountains	
Laundry Tray or Sinks	
Clothes Washing Machine	
Floor Drain	
Dishwasher	
Septic System	
Miscellaneous Fixtures	
Special Use Fixtures	
Other	

Building Address \_\_\_\_\_

Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Contractor \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

License Number \_\_\_\_\_ Class \_\_\_\_\_

Email Address \_\_\_\_\_

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all city ordinances and state laws regulating heating, ventilating and air conditioning.

I hereby certify that I am properly registered and /or licensed as required by City of Faribault and state of Minnesota or that I am the legal owner of, and intend to reside in, the above-described residential property.

Signature of Permittee: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Processed By: \_\_\_\_\_

**Description of Work:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Valuation of Project (Labor + Material):**

\$ \_\_\_\_\_

- Commercial (COMM)
- Industrial (INDU)
- Public Facilities (PUBL)
- Residential (RESI)
- Multi-Family (MULT) # Units \_\_\_\_\_
- Townhomes (TOWN)
- Duplex (DPLX)
- Modular (MODU)
- Condominium (COND)