



CITY OF  
INVER GROVE  
HEIGHTS

PERMITS & INSPECTIONS

**City of Inver Grove Heights**  
 Inspections Department  
 8150 Barbara Avenue  
 Inver Grove Heights, MN 55077  
 Phone: (651) 450-2550  
 Email: permits@ighmn.gov

## PLUMBING PERMIT APPLICATION

SITE ADDRESS \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ Email \_\_\_\_\_

PROJECT MANAGER \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

ARCHITECT / ENGINEER \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

### SECTION 1 PLUMBING Commercial Total Valuation: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

Residential Total Fixtures:

Water Closet	Garbage Disposal	Water Heater
Bathtub	Water Softener	Drinking Fountain
Shower	Dishwasher	Urinal
Bathroom Sink	Floor Drain	Misc. Plumbing Fixture
Kitchen Sink	Garage Floor Drain	
Slop Sink	Laundry Tray	
Bar Sink		Total Fixtures _____

### SECTION 2 UTILITY CONNECTIONS

Water Service	Size	Material
Sewer Service	Size	Material
Individual Sewage Treatment System	Type of System	
System Designer		
Date of Design		

I acknowledge that this application is complete and accurate, that the work will be in conformance with Local and State Codes, and that work will not start until this permit has been reviewed and approved. I understand that answering 'Yes' will be treated in the same manner as a handwritten signature, for the purpose of validity, enforceability, and admissibility.

Click the box if you agree.

**Name of Contractor or Authorized Agent** \_\_\_\_\_ **Date** \_\_\_\_\_

*NOTICE: This is an application only. Permit will be issued after city approval and payment of fee*

Approved to issue by _____	Permit Fee	\$ _____
Comments _____	Surcharge	\$ _____
_____	License Fee	\$ _____
	Total Fee	\$ _____