

COMMERCIAL PLUMBING

PERMIT APPLICATION
BUILDING INSPECTIONS DEPARTMENT
www.ci.blaine.mn.us



DATE _____

PROJECT ADDRESS _____

PROJECT NAME _____

PROJECT OWNER _____

VALUATION \$ _____ (Permit Based on 3% of Valuation – Minimum \$60.00)
Plus State Surcharge of .0005 of the **Valuation**
(Minimum State Surcharge Fee of .50 cents)

Complete Scope of Work:

TWO SETS OF COMPLETE PLANS SUBMITTED REQUIRED FOR ALL JOBS

SIGNATURE _____
(Licensed Master Plumber)

Company: _____

Address: _____

Contact Name _____
(Print or Type)

Phone: _____ Fax: _____

Email: _____

Mail or Fax to:
City of Blaine – Bldg. Insp.
10801 Town Square Drive
Blaine, MN 55449
Tel: 763-785-6170
Fax: 763-785-6111