



**City of Orono**  
 P.O. Box 66  
 2750 Kelley Parkway  
 Crystal Bay, MN 55323  
 (952) 249-4600

FOR CITY USE ONLY	
Date Received: _____	Permit # _____
Approved By: _____	Amount \$: _____

## CITY OF ORONO – PLUMBING PERMIT

(All Commercial permits must be approved by the Building Official or Inspector)

### GENERAL INFORMATION

1. You may apply for plumbing permits by mail or in person at the City offices. Applications will be reviewed and a permit will be issued within two working days.
2. Permit cards will be sent by return mail after a review is completed. **PERMITS ARE NOT VALID UNTIL YOU RECEIVE A PERMIT. WORK MUST NOT BEGIN UNTIL THE PERMIT CARD IS POSTED ON THE JOB SITE.**
3. Plumbing permits may be issued **ONLY** to licensed plumbing contractors and to property owners residing in the dwelling.
4. When any new construction or remodeling is involved, a separate building permit must be obtained.
5. All work must be done in accordance with State Code requirements.
6. All work must be inspected and air tested before it is covered. Call (952) 249-4600. **(24-48 hour notice required)**

### TYPE OF PERMIT (Check All That Apply)

- Residential       Commercial (Approval Required)  
 New                       Additional                       Repairs                       Replace  
 In Accessory Structure?  
 \*You **will need prior approval** and may need [CUP](#). (Per Orono City Code, Chapter 78, Article IV)

### Job Site / Owner Information:

Site Address: \_\_\_\_\_

Owner: \_\_\_\_\_                      Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_                      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_                      Alternate Phone: \_\_\_\_\_

### Contractor Information:

Contractor: \_\_\_\_\_                      Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_                      State Bond #: \_\_\_\_\_

City: \_\_\_\_\_                      Zip: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

Phone: \_\_\_\_\_                      Alternate Phone: \_\_\_\_\_

Insurance – Current: \_\_\_\_\_

**PLUMBING FIXTURES BEING INSTALLED**

FIXTURE TYPE	BSMT	1 <sup>ST</sup> FL	2 <sup>ND</sup> FL	OTHER	FIXTURE TYPE	BSMT	1 <sup>ST</sup> FL	2 <sup>ND</sup> FL	OTHER
Water Closet					Floor Drains				
Lavatory					Sewer Ejector				
Bathtub					Laundry Tray				
Shower					Washer				
Kitchen Sink					Water Heater				
Disposal					Water Softener				
Dishwasher					Wet Bar				
Sillcocks					Miscellaneous				

**PERMIT FEE CALCULATION(S)  
BASED OFF - 2002 STATE STATUE**

Yes, this section applies

The replacement of a Residential fixture or appliance that meets all three of the following requirements:

1. Does not require modification to electrical or gas service.
2. Has a total cost of \$500.00 or less; excluding the cost of the fixture or appliance; and
3. Is improved, installed or replaced by the homeowner or licensed contractor.

Skip next section, if this applies;	Cost of Permit	\$ <u>15.00</u>
	State Surcharge	\$ <u>5.00</u>
	Mail-In Fee (If Applicable)	\$ <u>2.00</u>
	<b>Total Permit Fee</b>	\$ <u>          </u>

**(Permit Fees Continued On Next Page)**

