



# Plumbing Permit Application

City of New Hope  
 Community Development  
 4401 Xylon Avenue North  
 New Hope MN 55428

Phone: 763-531-5127  
 Fax: 763-531-5136  
 www.ci.new-hope.mn.us

Job Address															
Owner				Address (if different than above - include City, State, Zip) Phone:											
Contractor				Address (include City, State, Zip)								Phone:			
												Cell:			
												Fax:			
Class of Work: New Repair Future Fixture Alteration Replacement				Estimated Completion Date:				Commercial under \$500				Residential under \$500			
Loca- tion	WTR CLOS	BATH TUB	SINK	LAV	WASH TRAY	FLR DRN	SHWR	URIN	WTR HTR	GARB DISP	SLOP SINK	DRK FTN	DISH WASH	GRS TRAP	CAT BAS
Bsmt															
2nd															
3rd															
4th															
Other Work (describe)															
Value of work including labor: \$															
<p style="text-align: center;"><u>Fee Schedule</u></p> <p>Under \$ 500 \$ 25.00 (Residential) \$ 40.00 (Commercial)          501 - 1,000 \$ 25.00 plus 2.50% of amount over \$ 500 or Min Commercial          1,001 - 5,000 \$ 35.00 plus 2.25% of amount over \$ 1,000 or Min Commercial          5,001 - 10,000 \$ 125.00 plus 2.00% of amount over \$ 5,000          10,001 - 25,000 \$ 225.00 plus 1.75% of amount over \$ 10,000          25,001 - 50,000 \$ 490.00 plus 1.50% of amount over \$ 25,000          50,001 and over \$ 875.00 plus 1.25% of amount over \$ 50,000</p>												<p style="text-align: center;"><u>Required Inspections</u></p> <p>Air Test                      Disconnect          Electric                      Rough In          Underground Plumbing          Final</p>			
Approved by:				**Homeowners must complete reverse side**				Permit Fee:							
Date:															
Contractor Signature:				Date of Application:				State Surcharge .0005 x Value of Work (\$.50 Min)							
State Plumber's License #:				Expiration Date:											
Homeowner Doing Work In Homestead Signature:				Date of Application:				Total Fees Due Upon Application:							
NOTICE												Notations:			
This permit becomes null and void if work or construction authorized is not commenced within 180 days or if work is suspended or abandoned for a period of 180 days at any time after work is commenced.															
Visa/Mastercard: _____ Expiration Date: _____ Name (print): _____ Signature: _____ Billing Address: _____															

Affidavit of Owner Performing Plumbing Work in Homestead

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**Property Address:**

**Property Identification Number:**

**Lot:**

**Block:**

**Addition:**

New Hope

MN

Hennepin County

The undersigned is the owner of the real property described above, occupies and homesteads said property. The owner has applied for a plumbing permit and will perform the actual work covered by the permit at said property; pursuant to Section 3.1(a)(1)a of the City Code of New Hope.

**Homeowner Signature**

**Date of Application**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_ Hennepin County, MN.

My commission expires \_\_\_\_\_.