

Permit No. _____

Date _____

CITY OF JACKSON PLUMBING PERMIT

PH: 507-847-4410

FAX: 507-847-5586

Email: utilities@cityofjacksonmn.com

Applicant must complete numbered spaces only (Please print in ink)

1. Job Address _____	Parcel No. _____
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Name	Mail address	Zip Code	Phone #
2. Owner			
3. Contractor/Applicant			
3a. Bond No. _____			
4. Type of Work: <input type="checkbox"/> Plumbing New <input type="checkbox"/> Plumbing Replace or Alter <input type="checkbox"/> Fire Suppression (sprinkler system) <input type="checkbox"/> Water Softener			
5. Describe Work			
*Outside storage of construction materials and equipment is permitted while construction pursuant to the permit progresses.			

6. Permit Fee: \$ _____
State Surcharge _____
Other Fee _____
TOTAL _____
Receipt of Payment _____ Date _____

NOTICE

PERMIT SHALL EXPIRE AND TERMINATE IF WORK [1] IS NOT BEGUN WITHIN ONE YEAR; [2] LIES IDLE FOR SIX MONTHS OR MORE; OR [3] HAS NOT BEEN SUBSTANTIALLY COMPLETED WITHIN 18 MONTHS

* I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

X _____ (DATE)

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

License or Restricted License No.

X _____ (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

SIGNATURE OF BUILDING OFFICIAL (DATE)

***PERMIT APPLICANT IS REQUIRED TO CALL CITY HALL (507-847-4410) FOR FINAL INSPECTION ONCE WORK IS COMPLETED.**

[Permit not valid unless (a) signed by Building Official and (b) receipt of payment acknowledged]