



BUILDING DEPARTMENT
 1584 Hadley Avenue N
 Oakdale, MN 55128
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 Fax: 651-730-2820
 E-Mail: permits@ci.oakdale.mn.us
www.ci.oakdale.mn.us

FOR OFFICE USE ONLY		
PAYMENT RECEIVED IN FORM OF		
<input type="checkbox"/> CHECK (#)	<input type="checkbox"/> CASH	<input type="checkbox"/> CC (#)
		<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Disc.
PERMIT NUMBER:		

PLUMBING PERMIT APPLICATION

JOB INFORMATION
Job Address:

APPLICANT INFORMATION		
Applicant:	License #:	
Day Phone:	Cell Phone:	
Address:		
City:	State:	Zip:
Check One: <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor		
Contractor Only: Has plan been submitted to MN Dept. of Health for review? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SIGNATURE	
Applicant Signature:	Date:

TYPE OF FIXTURE	No.
Auto. Washer	
Bathtub & Shower	
Dishwasher	
Drinking Fountain	
Fire Sprinkler Heads	
Floor Drain	
Garbage Disposal	
Kitchen Sink	
Laundry Trays	
Rough-ins	
RPZ Valves (complete & submit Backflow Prevention form)	
Sump Pump	
Washbasin	
Water Closet & Urinal	
Water Heater	
Water Softener	
Other:	
TOTAL NUMBER OF FIXTURES	*

FEES	
Plumbing Permit Fee	\$
*Fixture Fee	\$
City S.A.C.	\$
City W.A.C.	\$
S.A.C.	\$
RPZ Filing Fee	\$
Sewer Permit Fee	\$
Water Permit Fee	\$
Water Meter	\$
Other Fee	\$
Fire Surcharge	\$
State Surcharge	\$
TOTAL FEES	\$

APPROVALS	
Bldg Dept.	Date