

CITY OF ARLINGTON PERMIT APPLICATION

PLUMBING AND MECHANICAL

Return all forms to: City of Arlington
 Building Department
 204 Shamrock Drive
 Arlington, MN 55307

Building Official Contact:
 Phone: (507) 642-3816 Cell: (507) 351-4599 Fax: (651) 846-6034

Office Use Only	
Building Permit No.	_____
Date Received:	_____
Plumbing	\$ _____
Mechanical	\$ _____
Surcharge	\$ _____
Plan Review	\$ _____
Total	\$ _____

Applicant must fill out all information on this form that is applicable to the project - Please Type or Print

SECTION 1- DIRECTORY INFORMATION

Check appropriate box: Plumbing Mechanical

Project Street Address: _____ Zoning District: _____

Owners Name: _____ Phone: _____

Address: _____

Plumbing Contractor: _____ Phone: _____

Address: _____ License No.: _____

Mechanical Contractor: _____ Phone: _____

Address: _____

Check appropriate box: Fireplace Water Heater A/C Furnace Sprinkler

Use and Occupancy _____

Applicant's Estimated Construction Cost (include materials & labor) \$ _____

SECTION 2- TYPE OF CONSTRUCTION

IMPORTANT: If any gas meters need to be moved, contact Centerpoint Energy Minnegasco.

If electrical wires are above ground, contact Arlington Electric Dept. 24 hours in advance at 507-964-2378

If any water meters need to be moved, contact Arlington Water Dept. 24 hours in advance at 507-964-2378.

I hereby certify that I have completed, read and examined this application and know the same to be true and correct, I accept responsibility for compliance with all applicable laws, notifications, and city provisions. The granting of this permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant' Signature _____ Date _____

Applicant's Name - Printed _____

Address _____

SECTION 3 - APPROVAL BY BUILDING OFFICIAL

Authorized Approval Signature _____ Date _____

