

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: Darin Haslip Email: dri101@live.com
 Cell: (320) 226-5189 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 Other

Description of proposed construction _____
 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 _____