## CITY OF ARLINGTON PERMIT APPLICATION

## PLUMBING AND MECHANICAL

Return all forms to:	urn all forms to: City of Arlington Building Department 204 Shamrock Drive Arlington, MN 55307				Building Perm Date Received Plumbing Mechanical		\$\$	
Building Official Contact: Darin Haslip Cell: (320) 226-5189		Email: dri101@live.com Fax: (651) 846-6034			Surcharge Plan Review Total	\$ \$ \$		
Applicant must fill out a SECTION 1- DIRECTO	all information on this for	m that is applicable t	o the pr	roject - Please	Type or Print			
		DI I	_	•				
Project Street Address:	reck appropriate box:	Plumbing		Mechanical	Stemali.	7		
Owners Name:						Zoning D	istrict:	
Address:						Phone:		
Plumbing Contractor:	-					Phone:		
Address:					Lica	ense No.:		
Mechanical Contractor:						Phone:		
Address:						ritone.		
SECTION 2- TYPE OF (	Construction Cost (include	materiais & labor)						
IMPORTANT:	If any gas meters need	to be moved, contac	t Cento	erpoint Energy	Minnegasco.			
	are above ground, contac							
If any water meter	s need to be moved, con	tact Arlington Water	Dept.	24 hours in ad	vance at 507-96	54-2378.		
and correc provisions.	rtify that I have comple t, I accept responsibilit . The granting of this p of any other state or loc	ty for compliance w permit does not pre	ith all sume (	applicable lav to give author	vs, notification ity to violate o	s, and city r cancel th	e	
	gnature							
	lame - Printed							
		7.01						
ECTION 3 - APPROVA	L BY BUILDING OFFIC	CIAL						
Authorized A	pproval Signature			l)	ale			