

OFFICE HOURS FOR AMY PEASE
 ZONING/BUILDING PERMITS
 MONDAY-THURSDAY 7:30A-3:30P

APPLICATION FOR PLUMBING PERMIT
 CITY OF AVON
 140 Stratford St. E, P.O. Box 69
 Avon, MN 56310
 Phone: (320) 356-7922 Fax: (320) 356-2259

FOR OFFICE USE ONLY		
Date: _____	Building Permit No: _____	Plumbing Permit No. _____
PID No: _____	Lot No: _____	Block No: _____
Addition: _____		

Address of Property: _____

Applicant: _____ Phone: _____

Owner of Property: _____ Phone: _____

Address: _____

Name of Plumber who will be responsible for plumbing installation: _____

Company Name: _____ License No. (if applicable) _____

Building Type: Commercial _____ Industrial _____ Residential _____

Has a submittal to the State Plumbing Code Division been completed yes _____ no _____ (required by MHD 4715.3130)

Water Meter Size (i.e. 3/4" or 1")\$ _____

No.			No.	
	Water Closet (toilet)			Drinking Fountain
	Bathtub			Floor Sink or Drain
	Lavatory (wash basin)			Roof Drain
	Shower			Lawn Irrigation
	Kitchen Sink & Disposal			Janitor Sink
	Dishwasher			Water Conditioner
	Laundry Sink			Rough-in Future Fixtures
	Clothes washer			Sewer & Water
	Water Heater			

Permit Fee \$ _____

Surcharge \$ _____

PLUMBING VALUATION \$ _____

TOTAL PLUMBING PERMIT FEES.....\$ _____

Signature of Applicant _____ Date _____

FOR INSPECTIONS CALL 320-377-9029 A DAY IN ADVANCE

This is an application only. Permit will be issued after City approval and payment of fees.
 Call GOPHER STATE ONE-CALL at 1-800-252-1166 at least 48 hours before excavation.

Authorized Approval Signature _____ Date _____

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.