

Town of May
Plumbing Permit Application

Mail or Email completed forms to:

Town of May
PO Box 60
Marine on St. Croix, MN 55047
bobbi@townofmay.org

OFFICE USE ONLY:	
Date Issued:	_____
Permit Number:	_____
Two Sets of Plans Received:	_____
Permit Fee:	_____
Check Number:	_____

Questions: (651) 351-5051 or inspjack@msn.com

Homeowner Name and Telephone Number: _____

Project Address: _____

PID from Washington County Tax Statement: _____

Permit/Contractor Applicant: _____

Permit/Contractor Mailing Address: _____

Contractor License No. _____

Contractor Telephone Number & Email: _____

Estimated Costs: _____

Job Description: _____

Heating Type: Oil _____ Gas (natural or LP) _____ Wood _____

Number of each item listed below:

- | | |
|-------------------------|--------------------------|
| Water Closet _____ | Dishwasher _____ |
| Bath Tub _____ | Floor Drain _____ |
| Jacuzzi _____ | Garbage Disposal _____ |
| Kitchen Sink _____ | Drinking Fountain _____ |
| Urinal _____ | Garage Floor Drain _____ |
| Shower Bath _____ | Catch Basins _____ |
| Wash Basins _____ | Sewer Line _____ |
| Laundry Trays _____ | Water Line Size _____ |
| Water Heater Size _____ | Misc. _____ |

The undersigned agrees to do all work in conformance with the Town of May ordinances and herewith declares that all facts and representations on this application are true and correct.

THE UNDERSIGNED AGREES TO NOTIFY THE BUILDING INSPECTOR WHEN READY FOR INSPECTION

Signature of Applicant (if agent, print principal's name and sign as agent) Date

Permit Approved on _____ by May Township. _____, Building Official