

City of Oronoco

PLUMBING PERMIT APPLICATION



IRRIGATION WATER METER

Fee = \$ _____ **

INSTALLATION/HOOKUP

Fee = \$62.50*

(Submit to City of Oronoco Upon Completion)

Application Received On: _____ Application Fee(s) Paid On: _____

*plus \$80.00 per re-inspection, as needed Date Paid: _____

** Price based on current city cost

PERMIT

APPLICATION DATE & WORK SITE	Date: _____ Site Address: _____ Oronoco, MN 55960 Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (define)
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PROPERTY OWNER	Owner Name(s): _____ Last First MI Best phone # _____ Email: _____ Address: _____ City _____ State _____ Zip Code _____
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LICENSED PLUMBING CONTRACTOR	Company: _____ Phone: _____ Address: _____ City _____ State _____ Zip Code _____
License # _____ Issued by _____	Contact Name: _____ Phone # _____ Email: _____

PERMIT TYPE: Residential Use Non-residential Use

I hereby apply for a permit as defined at the top of this application. I acknowledge that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota. **I understand this is not a permit but only an application for a permit and work is not to start without a permit.**

I acknowledge that the work will be in accordance with all permit conditions and approved plans (in the case of work requiring review and approval of plans). I understand that the City of Oronoco is not liable or responsible for any of the cost for site restoration or private well abandonment.

I UNDERSTAND THAT A WELL SEALING OR MAINTENANCE PERMIT MUST BE OBTAINED THROUGH OLMSTED COUNTY FOR ANY WELLS ON MY PROPERTY.

I hereby understand that certain inspections are required as noted below.

I understand that a minimum advance notice of 24 business hours for inspection(s) must be given by calling **CMS at 507.282.8206**. I also understand that there is an additional fee of \$80.00 for any re-inspection required and by my signature below agree that payment will be made prior to the inspector returning to the site. No final inspection will receive sign off until all fees are paid in full at City Hall.

I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota, **or** that I am the legal owner of and reside in the above-described residential property.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE – Office Use Only

Permit Fee \$ _____ Surcharge \$ _____ Total \$ _____

INSPECTION(S) NOTES:

FOR PLUMBING WORK (CMS)	FOR WATER METER (CITY STAFF)
<input type="checkbox"/> Underground, trench connection <input type="checkbox"/> Water Meter <input type="checkbox"/> Backflow Preventer <input type="checkbox"/> Final Plumbing Inspector Sign Off on:	<input type="checkbox"/> Underground – line size, tracer wire <input type="checkbox"/> Curb Stop <input type="checkbox"/> Meter Serial# _____ <input type="checkbox"/> Digital Serial# _____ <input type="checkbox"/> Final Inspector Sign Off on:

03.28.24

City of Oronoco

~ PO. Box 195 ~ Oronoco, MN 55960 ~ 507-367-4405 ~ Fax 507-367-4982 ~