Permit #			Email this	form to				
Receipt #			greenwoodpermits@minnetonkamn.gov.				\$ /	
Plumbing Per	mit	qqA	licatio	n		Gre	enwood e Lake	
If you prefer to complete this form ele						City on th	e Lake	
Person completing this formation Type of property: Residuely	m: □ dential	Property Comi	Owner 🔲 0	Contractor		,	\sim	
Project address:								
Property owner:				Owner's phone:				
Owner's address:				Owner's email:				
Contractor's company name:				Contractor's phone:				
Contractor's name:					Contractor's email:			
Contractor's address:			Contractor's lie	Contractor's license number:				
Estimated completion date:				Estimated value:				
					· · · · · · · · · · · · · · · · · · ·			
FIXTURE		BASEME	NT	1ST FLOOR	2	ND FLOOR	OTHER	
Back Flow Preventer Bathtub		<u> </u>		<u> </u>		<u> </u>		
Bidet		<u>_</u>		+	+	<u> </u>		
Disposal								
Lawn Sprinkler				H		- H		
Roof Area Drain								
Sewage Ejector								
Shower								
Sink		<u> </u>		<u> </u>		<u> </u>		
Sump Pump Urinals		<u> </u>						
Washer / Clothes		- H						
Washer / Dish								
Wash Tray		Ħ		П		<u> </u>		
Water Closet								
Water Heater								
Water Piping								
Water Softener		<u> </u>		片		<u> </u>		
Other Other		<u>Н</u>		<u> </u>		<u> </u>		
Other		<u> </u>						
TOTAL FIXTURES		<u> </u>						
Total Value (labor and materials) Cost of Permit					<u> </u>		"	
`				esidential - \$98.50 commercial				
\$1,301 to \$	\$77 residential - \$98.50 commercial + 2.98% of amount over \$1,000							
			170 + 2.70% of amount over \$5,000					
			\$309.50 + 2.35% of amount over \$10,000					
\$25,001 to \$5	\$677 + 2.14% of amount over \$25,000							
\$50,000 and up \$1,234 + 1.80% of amount over \$50,000								
Permit Processing Fee (32209)							\$ 20	
Permit Fee from above table (32217)							\$	
Plan Review Fee (32216)							\$	
State Surcharge – .0005 x value, \$.50 minimum (31800)							\$	
	•		-	•			\$	
The undersigned agrees to do all representations on this application								

Applicant's Signature Date: **Building Official Approval if Applicable** Date: FOR OFFICE USE ONLY: Fee Paid Cash Check # ☐ Credit Card

Form Updated 09.26.24