CITY OF MOORHEAD BUILDING CODES 403 CENTER AVENUE / PO BOX 779 / MOORHEAD, MINNESOTA 56561								
PHONE: 218.299.5424 E-MAIL: buildingcodes@moorheadmn.gov								
PLUMBING PERMIT APPLICATION								
CLASSIFICATION OF WORK: 🛛 Residential 🖵 Multiple 🗖 Commercial 🗖 Industrial								
SITE	Project Title Project Site Address							
OWNER	Owner					Contact Person		
	Owner Address					Phone Number		
	City, State, Zip					Fax Number		
CONTRACTOR	Contractor					Contact Person		
	Contractor Address				Phone Number			
						Email		
	City, State, Zip					Fax Number	Lice	nse Number (If Applicable)
# of Fixtures Water Sewer Water Heater								
Brief Description of Work:								
Deli	very of Permit (check one): Mail	Fa	ах	F	Picku	p E	mail _	
Fax Number for Permit Delivery:								
Email Address for Permit Delivery:								
I hereby apply for a Plumbing Permit and acknowledge that the information above is complete and accurate; that this is not a permit; that the work will be performed in accordance with the conditions of the permit, the approved plans and specifications, and the Minnesota State Building Code; and, that I will cause the work to remain accessible and exposed for inspection purposes.								
Applicant Signature						Date		