

Alexandria Township Plumbing Permit Application

**324 Broadway, Ste. 101
Alexandria, MN 56308
Telephone: (320) 759-5300
Fax: (320) 763-5320**

Site Address: _____
 Property Owner: _____
 Mailing Address: _____
 Parcel Number: _____
 Estimated Start Date: _____
 Estimated Completion Date: _____
 Estimated Cost: _____

The contractor hereby makes application for a permit to do the plumbing work as herein specified, agreeing to do all such work in strict accordance with the State Plumbing Code, the City Ordinances, and the regulations of the Board of Public Works.

Plumbing Contractor Information

Company Name: _____ License #: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____ Fax: _____
 Comments: _____

Building Use

Single Family Two-Family Multi-Family Townhouse Commercial Industrial Institutional Tax Exempt Accessory Misc. Structure

Building Type

New Old Frame Brick Concrete

Installations

Fixtures	B	1	2	3	4
Bathtub					
Shower					
Lavatory					
Water Closet					
Urinal					
Sinks					
Basins					
Laundry Trays					
Drinking Fountain					
Floor Drains					
Miscellaneous					

Water Main Connection Material: _____
 Water Meter: _____
 Capping the Old Well: _____
 Sewer Main Connection Material: _____
 Septic Tank: _____
 Cesspool: _____
 Repair or Alteration: _____

