



PLUMBING PERMIT APPLICATION

City of Grinnell
 520 4th Avenue
 Grinnell, IA 50112

1. JOB ADDRESS					
LEGAL DESCR	LOT NO.	BLK.	TRACT		
2. OWNER		MAILING ADDRESS		PHONE	
3. CONTRACTOR (Leave blank if n/a)		MAILING ADDRESS		PHONE	
4. ARCHITECT (Leave blank if n/a)		MAILING ADDRESS		PHONE	
5. ENGINEER (Leave blank if n/a)		MAILING ADDRESS		PHONE	
6. USE OF BUILDING:					
7. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE					
8. DESCRIBE WORK:					
<u>PROJECT VALUATION - MUST BE SUBMITTED FOR PERMIT TO BE PROCESSED:</u> \$ _____ Valuation of Materials and Labor (if completed by the owner valuation = materials x 2):			<u>IF THIS IS REPLACEMENT WORK, PLEASE INDICATE BELOW THE NUMBER OF UNITS BEING REPLACED</u> Residential Units _____ x \$50.00 = _____ Commercial Units _____ x \$65.00 = _____		
_____ Signature of Contractor or Authorized Agent			_____ Date		
_____ Signature of Owner (If Owner is Builder)			_____ License Number		
WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT					
PERMIT FEE	ADD. FEES & PENALTIES	TOTAL FEES	VALIDATION	DATE	RECEIPT #