

Date Received: \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

**APPLICATION FOR BUILDING PERMIT  
PLUMBING  
CITY OF KASSON, MINNESOTA**

Applicant: _____	Phone No.: _____
Address: _____	Email: _____
Contractor: _____	Phone No: _____
State License No: _____	
Building Site Location/New Address: _____	
For: New Secondary Water Meter	

**A PLUMBING PERMIT IS REQUIRED FOR THE INSTALLATION OF A SECONDARY WATER METER FOR OUTDOOR USE.**

STRICT COMPLIANCE IS MANDATORY.

Call CMS for information and inspections at (507) 282-8206

Jay Kruger  
CMS Building Official

I hereby declare that I am the Owner, or authorized agent of the owner of the above described property and I agree to construct the building or use herein described in accordance with the regulations and ordinances that govern said improvement within the City of Kasson and that the foregoing information contained on this permit is a true and correct statement of my intentions. Once permit has been processed, there will be **NO REFUNDS.**

Date: \_\_\_\_\_ Signed by Applicant: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

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APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Permit Fee: \$137.00 Meter Charge:\$325.00 Total Due: \$462.00**