



City of Ham Lake

15544 Central Avenue NE • Ham Lake, MN 55304
Building Dept. 763-235-1691
Fax 763-235-1697

PLUMBING PERMIT WORKSHEET

JOB ADDRESS: _____

BUILDER/OWNER: _____

PLUMBING CONTRACTOR: _____

STATE LICENSE NUMBER: _____ EXP DATE _____

PHONE # _____ FAX # _____

FIXTURES/OPENINGS (INCLUDE ROUGH-INS):

	<u>NUMBER</u>	
WATER CLOSETS	_____	
BATH TUBS	_____	
LAVATORIES	_____	
KITCHEN SINKS	_____	
LAUNDRY TUBS	_____	
SHOWERS	_____	
FLOOR DRAINS	_____	
WATER HEATERS	_____	
DISHWASHERS	_____	
CATCH BASINS	_____	
GAS LINES (1-3 lines)	_____	
WATER SOFTENER	_____	(If <u>water softener only</u> fee is \$15+\$1 surcharge)
OTHER	_____	

TOTAL _____ x \$10.00 = \$ _____ (minimum fee \$60.00)

+ \$ 1.00 state surcharge

TOTAL PERMIT FEE \$ _____ *minimum fee is \$61.00*

COMMERCIAL PERMITS ARE CALCULATED BY VALUATION:

VALUATION \$ _____ **PERMIT FEE \$** _____

Please feel free to fax your completed worksheet to our office, your permit will then be prepared and ready to be paid for with check (payable to the City of Ham Lake), cash or credit card. When using a credit card, a payment authorization form must accompany permit application (please note there is a 1.99% convenience fee with a \$1.00 minimum). 7/7/2015



**CITY OF HAM LAKE
CREDIT CARD PAYMENT AUTHORIZATION**

Please complete this authorization form and return it, along with your permit application, assessment search request, or other documentation to:

City of Ham Lake
15544 Central Ave NE
Ham Lake, MN 55304
or
fax to 763-235-1697

DO NOT EMAIL THIS FORM AS EMAILS ARE NOT SECURE

***The City charges a convenience fee for credit cards payments.
The fee is 1.99%, with a minimum fee of \$1.**

This payment is for _____

Amount to charge, not including convenience fee: \$ _____

I authorize the City of Ham Lake to charge the amount listed above, plus the convenience fee (greater of 1.99% of charge or \$1.00), to my credit card. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder name: _____ Date: _____

Cardholder's credit card billing address: _____

Cardholder's phone #: _____

Cardholder's signature: _____

Your company name: _____

Credit card type: ___ Visa ___ MasterCard ___ Discover

Card #: _____ Expiration date: ___/___

Note: Credit card information will not be retained by the City of Ham Lake