

Permit No. _____

CITY OF ROCKVILLE
REPLACEMENT PERMIT for a WATER HEATER
(Residential Building Only)

Do not use this form if it is a Commercial Building

Po Box 93 229 Broadway Street E Rockville MN 56369
Phone: 320-251-5836 Fax: 320-240-9620 www.rockvillecity.org

Inspectron Inc. 15120 Chippendale Ave. Suite 104 Rosemount MN 55068 Date Received by City _____
Main Office: 651-322-6626 Fax: 651-322-7580 Toll Free: 1-800-322-6153

Project Address	Street	City	State/Zip	Property Identification No.
Applicant Name	Street	City	State/Zip	Applicant Phone Number
Owner Name	Street	City	State/Zip	Owner Phone Number
Contractor's Name	Street	City	State/Zip	Contractor's Phone Number
Contractor's State License Number/Bond (required)			Expiration Date	
Brief Project Description			Completed Value of Project (includes labor and materials)	

Signature of Applicant (Owner or Contractor): _____ Date _____

Make check payable to City of Rockville

Charges:

Residential \$40.00 plus \$1.00 surcharge = \$41.00

Permit Fee \$ _____

Surcharge \$ _____

Total \$ _____

Fund Codes 101.46300.32230 R# _____ Date _____ Check # _____

Zoning Administrator: _____ Date _____

PLEASE HAVE REPRESENTATION ON SITE FOR SCHEDULED INSPECTIONS:

Inspection	Date Inspected	Inspector Initials
HVAC Rough In		
Gas Piping		
HVAC Final		

THIS INSPECTION CARD SHALL BE POSTED ON THE PROJECT SITE PRIOR TO COMMENCING THE WORK, PROTECTED FROM DAMAGE AND POSTED SO IT IS VISIBLE FROM THE STREET AND ACCESSIBLE TO INSPECTOR.

Requires a 24 Hour Inspection Notice

FOR INSPECTIONS CALL: Inspectron, Inc at 1-800-322-6153