

**CITY OF MOORHEAD  
PLUMBING PLAN REVIEW APPLICATION**

Project Name: \_\_\_\_\_

Project Street Address: \_\_\_\_\_

**PROJECT OWNER**

**PLUMBING SYSTEM DESIGNER**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

- Utility Site Plan:** Show the building, service lines, well and septic system locations on the property. If no new service connection will be installed, include a statement.
  
- Floor Plan:** Show all fixture locations, all horizontal pipe locations and all pipe sizes for new plumbing.
  
- Roof Plan:** Show the location of roof drains and the roof area served by each roof drain *if internally piped roof drains will be installed*. If no internally piped roof drains will be installed, include a statement.
  
- Water Riser Diagrams:** Waster distribution system showing pipe sizes and all fixtures, valves, backflow devices, and appurtenances.
  
- Soil, Waste and Vent Riser Diagrams:** Isometric drawings of the waste and vent system showing pipe sizes and fixtures.
  
- Plumbing Specifications:** Include a list of the manufacturer and model numbers of the plumbing fixtures, a list of pipe materials including the quality standard (ANSI, ASTM, etc.) testing and disinfection procedures.

I certify that this plumbing system was designed in accordance with the Minnesota Plumbing Code, as amended, to the best of my abilities, and I agree to forward the plan approval, including corrective actions, to the installer of the system.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
MN License Number

\_\_\_\_\_  
Name (Print or Type)

**INCLUDE ALL OF THE REQUESTED INFORMATION.  
INCOMPLETE OR ILLEGIBLE INFORMATION WILL DELAY YOUR PLAN REVIEW.**

Fee Enclosed \_\_\_\_\_ Make checks payable to "City of Moorhead". Returned checks are subject to fees.

