

# CITY OF CHASKA

## RPZ ANNUAL TEST REPORT AND MAINTENANCE REPORT FORM

JOB ADDRESS					
OWNER /OCCUPANT:			DESCRIPTION OF WORK: <input type="checkbox"/> Install <input type="checkbox"/> Test <input type="checkbox"/> Repair <input type="checkbox"/> Replace		
CONTACT PERSON:			SERVES WHAT SYSTEM:		
DEVICE LOCATION:				ROOM NUMBER	FLOOR NUMBER
MAKE:	MODEL:	SIZE:	SERIAL NUMBER:		
INSTALL DATE (DAY, MO., YR)	TEST DATE (DAY, MO., YR.)	OVERHAUL DATE (DAY, MO., YR.)			
TEST YEAR (check one) <input type="checkbox"/> New Install <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Overhauled					
	CHECK VALVE NUMBER 1	CHECK VALVE NUMBER 2	PRES. DIF. ACROSS NUMBER 1 CHECK	PRES. DIF. WHEN RELIEF OPENS	STRAINER
TEST BEFORE REPAIRS	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	_____ PSI _____ PSI	_____ PSI _____ PSI	<input type="checkbox"/> NONE <input type="checkbox"/> CLOSED.
FINAL TEST	<input type="checkbox"/> CLOSED	<input type="checkbox"/> CLOSED	_____ PSI	_____ PSI	
DESCRIBE REPAIRS: _____					

**\*\*\*DEVICE MUST BE PROPERLY TAGGED AFTER TEST\*\*\***

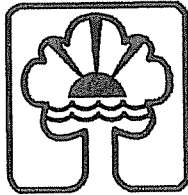
TEST DONE BY: _____ <small>(Please print first and last name)</small>	CERTIFICATION NUMBER: _____
TESTER'S SIGNATURE: _____	
COMPANY NAME: _____	CONTRACTOR'S LICENSE # _____
COMPANY ADDRESS: _____	COMPANY PHONE # _____
CITY: _____	STATE: _____
	ZIP: _____
CONTACT PERSON: _____	PHONE # _____

ONE CITY HALL PLAZA, CHASKA, MN 55318

Phone: 952-448-9200

Fax: 952-448-9300

www.chaskamn.com



# Plumbing Permit Application

City of Chaska  
One City Hall Plaza  
Chaska, MN 55318

Phone 952-448-9200  
Fax 952-448-9300

PERMIT NO. RPZ- \_\_\_\_\_

Site Address: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contractor \_\_\_\_\_ License # \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contractor's Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

No.	Type of Fixture or Item	Fee
	Toilet	
	Bathtub	
	Lavatory (wash basin)	
	Shower	
	Kitchen Sink	
	Dishwasher	
	Laundry Sink / Tray	
	Clothes Washer	
	Water Heater	
	Urinal	
	Drinking Fountain	
	Floor Drain	
	Floor Sink	
	Gas System (# of Outlets)	
	Water Piping & Treating Equipment	
	Vacuum Breaker	
	Water Softener	
	Rough-in Future Fixture	
	RPZ Install / Test / Rebuild	
	Other	
	<b>Subtotal</b>	
	Water Meter - Size	
	Water Meter - Size	
	State Surcharge	\$ 5.00
	<b>TOTAL FEE</b>	<b>\$</b>
<b>FEES: \$8.00 per opening (Minimum Charge: \$30.00)</b>		

Class of Work:  New  Addition  Alteration  
 Repair  Replace

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.

Contractor Signature \_\_\_\_\_

**NOTICE**

Water meters will be issued at the Municipal Services Building, 660 Victoria Drive, by presenting this application.

**FOR WATER METER COSTS, CALL 952-448-4335**

**NOTE: NO EXCEPTIONS**

A remote water reader must be installed prior to the final plumbing inspection within 12" of electrical service. The remote shall be connected to meter with a 4-wire, 22 AWG cable.

**Official Use Only**

Paid by:  Check  Cash

Approved by: \_\_\_\_\_ Accepted by: \_\_\_\_\_

**Utility Department Use Only**

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

#1 Water Meter Pick up Meter #: \_\_\_\_\_ Reading: \_\_\_\_\_

Utility Remote installation Remote # \_\_\_\_\_ Account type? \_\_\_\_\_

#2 Water Meter Pick up Meter # \_\_\_\_\_ Reading: \_\_\_\_\_

Utility Remote Installation Remote #: \_\_\_\_\_ Account type? \_\_\_\_\_

Utility Account Information Date: \_\_\_\_\_ By: \_\_\_\_\_ Account #: \_\_\_\_\_