

PLUMBING LICENSE REGISTRATION

10801 Town Square Dr. NE Blaine, MN 55449
BUILDING INSPECTIONS DEPARTMENT
Phone: 763-785-6170 Fax 763-785-6111
www.BlaineMN.gov



PLEASE NOTE, to complete this licensing process – fax, mail or email:
1.) A copy of your current Master Plumber's License
2.) A copy of your current Plumbing Contractor License
Fax Number: 763-785-6111 Email Address: licensing@BlaineMN.gov
Questions? Call 763-785-6170 Option 2

LICENSE CLASSIFICATION: PLUMBING

Please Print

Name of Firm or Business

Business Street Address

City, State, Zip

Telephone Number

Fax Number

Email Address

Applicant's Signature

Applicant's Printed Name

PLUMBER'S AUTHORIZATION

(If NONE, write name of Master Plumber Only.)
(Use additional sheet(s) if necessary.)

Please Print

I, _____,
Name of Master Plumber

_____, doing business as
License number

Name of Firm or Business

Authorize the following to sign plumbing permits in my name:

1. _____

2. _____

3. _____

4. _____

5. _____

(Signature of Master Plumber)

(Date)