



BUILDING DEPARTMENT
11800 TOWN CENTER DRIVE NE, SUITE 300
ST. MICHAEL, MN 55376
PHONE: (763) 497-9923
EMAIL: INSPECTIONS@STMICHAELMN.GOV

2024 PLUMBING, MECHANICAL AND GAS FITTER REQUIREMENTS

Name/DBA _____

Business Address _____

Email Address _____

Phone: (____) _____ Fax (____) _____

Gas Fitter Requirements

- ____ A current public liability insurance certificate of \$ 100,000 per person and \$300,000 per accident for bodily injury and \$ 100,000 for property damage with the City of St. Michael listed as the certificate holder. (Enclose a current certificate)
- ____ Proof of \$ 25,000 bond with the Department of Administration as required by Minnesota Statute 326.992.
- ____ Certificate of Compliance, Minnesota Worker's Compensation Law form filled out (this form must be completed each year).
- ____ A \$35.00 processing fee.

Heating Requirements

- ____ Proof of \$ 25,000 bond with the Department of Administration as required by Minnesota Statute 326.992.

Plumbing Requirements

- ____ Minnesota plumbing license, the city must have a copy of the Master Plumber License for 2024. (Enclose a copy of the Master Plumber License card)
- ____ Proof of \$25,000 Plumbing bond with the Minnesota Department of Health.

Reminder: No permits or inspection will be issued unless all requirements have been met.

Applicant Signature: _____ Date: _____

Building Dept. Representative: _____ Date: _____

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.