



City of Owatonna Building Inspection Division
540 West Hills Circle
Owatonna, MN 55060
Phone: (507) 444-4370
Email: inspect@ci.owatonna.mn.us

Application For City of Owatonna Gas Piping Examination

Name of Applicant: _____ Date of Birth _____

Home Address: _____

City, State & Zip: _____

Email Address: _____

Business Name: _____

Mechanical/Plumber Bond Number: _____

Business Address: _____

City, State & Zip: _____

Home Phone: _____ Business Phone: _____

Bring ID and also Proof of Mechanical/Plumbing Bond, please call 24 hours in advanced to schedule taking the test. 507-444-4370

I solemnly swear that the statements are true to the best of my knowledge and belief and affix my signature in attest thereto.

Signature of Applicant _____ Date _____