Plumbing Board c/o Department of Labor and Industry 443 Lafayette Road North St. Paul, MN 55155-4344 www.dli.mn.gov

## Plumbing Board Request for Interpretation

PRINT IN INK or TYPE

NAME OF SUBMITTER			Rule(s) to be interpreted (e.g., 4714.0330)			
The Minnesota Plumbing Code (MN Rules, Chapter 4714) is available at <a href="www.dli.mn.gov/CCLD/PlumbingCode.asp">www.dli.mn.gov/CCLD/PlumbingCode.asp</a> Has a request for interpretation been submitted to Department of Labor and Industry (DLI) staff, either as a verbal request or a written request?   Yes  No  If "No," contact DLI staff at 651-284-5898. The DLI is responsible for administration and interpretation of the Minnesota						
Plumbing Code, and all requests must be processed and provided a DLI interpretation before being referred to the Plumbing Board. This form is intended to be used to request an interpretation from the Plumbing Board only as a resolution of dispute with DLI interpretation.						
Code/Rule to be interpreted:	Name of DLI employee gave interpretation:		Date interpretation originally requested:			
Provide a copy of the DLI interpretation	with this request (a c	copy must be provide	ed as reference).			
Is there a local dispute with an Inspector of other official?  Yes No			name or type of official			
State the circumstances of the initial dis	pute:					
Explain what you disagree with the inter	pretation given to vo	u by DLL staff				

what is your interpretation or the langua	ge.					
List any other information you would like	the Board to conside	er:				
,						
Information regarding submitting this	form:			_		
<ul> <li>Submit any supporting documentation</li> </ul>						
your Request For Interpretation form			file number. Please referenc	ce this file		
number on any correspondence and		issions.				
<ul> <li>Information for presentation to the Co</li> <li>You will be notified with the date of t</li> </ul>		ng in which your Pe	quest For Interpretation will b	ne heard		
<ul> <li>Limit presentations to 5 minutes or le</li> </ul>		ng in willon your ite	quest i or interpretation will t	e neard.		
Be prepared to answer questions regarding the Code, the circumstances that led to the dispute and please bring						
copies of any documentation.						
What you can do if you disagree with the Board's determination:						
<ul> <li>You may appeal the Board's determ</li> </ul>	ination pursuant to M	linn. Stat. Chapter 1	4.			
Submitted by:						
NAME		EIDMANAE				
NAME		FIRM NAME				
ADDRESS		CITY	STATE	ZIP CODE		
PHONE	SIGNATURE (original	or electronic)	DATE			

Office Use Only			
RFI File No.	Date Received by DLI	Dated Received by Board	Date of Board Meeting
Title of RFI	Ву:		
This material can be made available	e in different forms, such as large pr	int, Braille or on a tape. To request	call 1-800-342-5354 (DIAL-DLI).

For assistance or questions on completing this form, please call 651-284-5898 or 651-284-5889.

Mailing address:

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\*\*\* Please remember to attach all necessary explanations and supporting documentation\*\*\*