

P.O. Box 344 • 96 Russell Drive • Random Lake, WI 53075 Phone: (920) 994-4852 • Fax: (920) 994-2390

## **Plumbing Permit Application**

Job Location (identify exact address)						Date	Permit#	Permit#	
Owners Name		Phone Number		Contact's Name (When Relevant)			Phone Number		
Owners Address (if different from above)		<u> </u>		City		State	Zip Code		
Contractor's Name		License Number		Contractor's Contact Name		<u> </u>	Phone Number		
Contractor's Address				City		State	Zip Code	Zip Code	
				appointment times when entry is available			fthe		
II of Decitation	•	not acce	ss the work site or if th	ne work is not visible, a re-inspection fee	will be		Fee	Amount	
Use of Building  ☐ Residential	Type of Work  ☐ New		Item Toilets			Qty.	\$ 8.00	Amount	
☐ Multi-Family	□ Addition	Bath Tubs					\$ 8.00		
	☐ Alteration/Rep		Wash Basins				\$ 8.00		
			Kitchen Sinks				\$ 8.00		
		-	Laundry Tubs				\$8.00		
			Floor Drains				\$ 8.00		
			Urinals				\$ 8.00		
			Bubblers				\$ 8.00		
			Bar Waste				\$ 8.00		
			Shower Stalls			<del>-  </del>	\$ 8.00		
			Hose Bibbs				\$ 8.00		
			Dishwasher				\$ 8.00		
			Water Heaters				\$ 8.00		
			Sump Pumps				\$ 8.00		
			Water Softeners				\$ 8.00		
			Sanitary Pit				\$ 8.00		
			Water Purifiers				\$ 8.00		
			Sewer Lateral				\$ 45.00		
			Water Tap or Sewer Connection in Roadway				\$ 30.00		
		1	Re-inspection Fed	e			\$ 45.00		
In the performance of this work the undersigned owner (or his authorized agent) of said premises and his									
authorized plumber hereby agrees to be bound by and submit to all statutes of the state of Wisconsin and the									
submit to all statutes of the state plumbing codes.	state of Wisconsin and the	he _							
Only state licensed plumbers may obtain a plumbing permit and perform work as described above.									
<b>Note:</b> If plumbing work is has been obtained, the fees exceptions.	commenced before the pe								
I attest that the above inf	and State of Wisconsin	codes a	pplicable to the oc	osed work to be performed on it. I a recupancy and work stated above. I u e ordinances.			Subtotal:		
				Base Fee	<b>:</b>	(add to subtotal): \$40.00			
						Total Fee:			
Applicant Signature Office use only:			Print Name			Date			
			Initials			Date			
Permit Paid By									