

PLUMBING PERMIT APPLICATION



PLUMBING PERMIT FEES

DATE \_\_\_\_\_, 20\_\_\_\_ PERMIT # \_\_\_\_\_ U.D.C. PERMIT # \_\_\_\_\_  
 OWNER \_\_\_\_\_ PHONE # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 LOT # \_\_\_\_\_ BLOCK# \_\_\_\_\_ SUBDIVISION \_\_\_\_\_  
 PROJECT ADDRESS \_\_\_\_\_  
 CONTRACTOR \_\_\_\_\_ NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 LIC/CERTIFICATION # \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_\_\_ PHONE # \_\_\_\_\_  
 PROJECT COST \$ \_\_\_\_\_ SQ. FT. HOUSE \_\_\_\_\_ SQ. FT. GARAGE \_\_\_\_\_

DRAIN OR WATER CONNECTIONS CONSISTING OF

WATER CLOSETS	NO. _____	x \$ 6.00 _____		
BATH TUBS	NO. _____	x \$ 6.00 _____		
WASH BASINS	NO. _____	x \$ 6.00 _____	INSIDE SEWER	
KITCHEN SINKS	NO. _____	x \$ 6.00 _____	FIRST 100 FEET	\$ 40.00 _____
LAUNDRY TUBS	NO. _____	x \$ 6.00 _____		
FLOOR DRAINS	NO. _____	x \$ 6.00 _____	OUT SIDE SEWER	
URINALS	NO. _____	x \$ 6.00 _____	FIRST 100 FEET	\$ 40.00 _____
SHOWER STALLS	NO. _____	x \$ 6.00 _____		
BUBBLERS	NO. _____	x \$ 6.00 _____	WATER TAP OR SEWER	
BAR WASTE	NO. _____	x \$ 6.00 _____	CONNECTION IN ROADWAY	\$ 25.00 _____
HOSE BIBBS	NO. _____	x \$ 6.00 _____		
DISHWASHER	NO. _____	x \$ 6.00 _____		
WATER HEATERS	NO. _____	x \$ 6.00 _____		
SUMP PUMPS	NO. _____	x \$ 6.00 _____		
WATER SOFTENERS	NO. _____	x \$ 6.00 _____	REINSPECTION CHARGES	\$ 25.00 _____
SANITARY PIT	NO. _____	x \$ 6.00 _____	BASE FEE FOR ALL PERMITS	\$ 20.00 <u>20.00</u>
WATER PURIFIERS	NO. _____	x \$ 6.00 _____		
TOTALS	NO. _____	\$ _____		\$ _____
TOTAL FEE CHARGED				\$ _____

IN THE PERFORMANCE OF THIS WORK THE UNDERSIGNED OWNER (OR HIS AUTHORIZED AGENT) OF SAID PREMISES AND HIS AUTHORIZED PLUMER HEREBY AGREES TO BE BOUNDED BY AND SUBMIT TO ALL STATUTES OF THE STATE OF WISCONSIN AND THE STATE PLUMBING CODES.

ONLY STATE LICENSE PLUMBERS MAY OBTAIN A PLUMBING PERMIT AND PERFORM WORK AS DESCRIBED ABOVE.

**NOTE: IF PLUMBING WORK IS COMMENCED BEFORE THE PERMIT HAS BEEN OBTAINED, THE FEES SHALL BE DOUBLED WITH NO EXCEPTIONS!!**

CONDITIONS: \_\_\_\_\_

DATE: \_\_\_\_\_ 20\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

PERMIT PAID BY \_\_\_\_\_ DATE \_\_\_\_\_, 20\_\_\_\_