



UNIFORM
PLUMBING PERMIT
 APPLICATION

PERMIT NO. _____
 TAX KEY # _____

PROJECT LOCATION (Building Address) _____

PROJECT DESCRIPTION _____

Commercial One & Two Family

| | | |
|-------------------|--|------------------------------|
| Owner's Name | Mailing Address - Including City & Zip | Telephone, Include Area Code |
| Contractor's Name | Mailing Address - Including City & Zip | Telephone, Include Area Code |

SCHEDULE OF INSPECTION FEES

| NEW BUILDING | EACH | COUNT | FEE |
|--|-----------------------------|---------------|--------------------|
| Base Fee | \$50.00 | | \$50.00 |
| Plus | \$.03/Sq. Ft. For All Areas | _____ Sq. Ft. | _____ |
| SQUARE FOOTAGE FEE DOES NOT INCLUDE LATERALS. All laterals must be listed below. | | | TOTAL _____ |

| REPLACEMENTS, MODIFICATIONS AND MISCELLANEOUS ITEMS | | | | EACH | COUNT | FEE |
|--|---------|-------|-------|--|-----------|--------------------|
| 1. Automatic Washer | \$5.00 | _____ | _____ | 24. Sanitary Building Drain | | |
| 2. Sink | \$5.00 | _____ | _____ | First 75 Feet | \$10.00 | _____ |
| 3. Dishwasher | \$5.00 | _____ | _____ | Over 75 Feet | \$.35/Ft. | _____ |
| 4. Garbage Grinder | \$5.00 | _____ | _____ | 25. Storm Building Drain | | |
| 5. Water Closet | \$5.00 | _____ | _____ | First 75 Feet | \$10.00 | _____ |
| 6. Shower | \$5.00 | _____ | _____ | Over 75 Feet | \$.35/Ft. | _____ |
| 7. Lavatory | \$5.00 | _____ | _____ | 26. Manhole | \$10.00 | _____ |
| 8. Laundry Tray | \$5.00 | _____ | _____ | 27. Catch Basin | \$5.00 | _____ |
| 9. Urinal | \$5.00 | _____ | _____ | 28. Water Service | | |
| 10. Bath Tub | \$5.00 | _____ | _____ | First 100 Ft. Lateral | \$25.00 | _____ |
| 11. Hot Tub, Spa, Whirlpool | \$10.00 | _____ | _____ | Over 100 Ft. Lateral | \$.35/Ft. | _____ |
| 12. High Pressure Boiler | \$25.00 | _____ | _____ | 29. Sanitary Building Sewer | | |
| 13. Drinking Fountain | \$5.00 | _____ | _____ | First 100 Ft. Lateral | \$25.00 | _____ |
| 14. Floor Drain | \$5.00 | _____ | _____ | Over 100 Ft. Lateral | \$.35/Ft. | _____ |
| 15. Slight Drain | \$5.00 | _____ | _____ | 30. Storm Building Sewer | | |
| 16. Sillcock | \$2.00 | _____ | _____ | First 100 Ft. Lateral | \$25.00 | _____ |
| 17. Water Heater | \$5.00 | _____ | _____ | Over 100 Ft. Lateral | \$.35/Ft. | _____ |
| 18. Wash Fountain | \$5.00 | _____ | _____ | 31. Extension of House Drain | | |
| 19. Sump Pump | \$5.00 | _____ | _____ | Where fixtures already installed | \$25.00 | _____ |
| 20. Ejectors or Pump | \$5.00 | _____ | _____ | 32. Other | | |
| 21. Water Softener | \$5.00 | _____ | _____ | | | |
| 22. Storm Sewer Conductor | \$5.00 | _____ | _____ | | | |
| 23. Backflow Prevention Device | \$5.00 | _____ | _____ | | | |
| Base Permit Fee | | | | \$50.00 | | _____ |
| Reinspection Fee | | | | \$50.00 | | + 50.00 |
| Failure to call for inspection | | | | \$50.00 | | _____ |
| DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED | | | | | | TOTAL _____ |

CERTIFIED BUILDING INSPECTOR
WALTER GROTELUESCHEN
 6355 CTH Z, West Bend, WI 53095
 Phone: (262) 675-0909
 Building Inspector License # 868384

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting an inspection. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ DATE _____