



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.			<b>TOTAL</b> _____

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						<b>TOTAL</b> _____

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 \_\_\_\_\_