Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.

# UNIFORM PLUMBING PERMIT APPLICATION

PERMIT NO.

TAX KEY #

**ISSUING MUNICIPALITY**

☐ TOWN ☐ VILLAGE ☐ CITY

OF _____

COUNTY _____

**PROJECT LOCATION** (Building Address)

**PROJECT DESCRIPTION**

☐ COMMERCIAL ☐ ONE & TWO FAMILY

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

Contractor's Name (Lic. No.) | Mailing Address - Include City & Zip | Telephone - Include Area Code

Estimated Cost | Bonding/Insurance Company | Master Plumber's License Number

## SCHEDULE OF INSPECTION FEES

| | | EACH | COUNT | FEE |
|---|---|---|---|---|
| **1 & 2 FAMILY NEW BUILDING/ADDITION** | Base Fee . . . . | $35.00 | _____ | _____ |
| SQUARE FOOTAGE FEE DOES NOT INCLUDE LATERALS. All laterals must be listed below. | Plus . . . . . | .035/Sq. Ft. For All Areas | _____ Sq. Ft. | _____ |
| **COMMERCIAL - NEW BUILDING /ADDITION** | Base Fee . . . . | $35.00 | _____ | _____ |
| Commercial Buildings with less than 16 f ixtures ... Base fee Plus line Items Below<br>SQUARE FOOTAGE FEE DOES NOT INCLUDE LATERALS. All laterals must be listed below. | Plus . . . . . | .04/Sq. Ft. For All Areas | _____ Sq. Ft. | _____ |

## REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - BOTH 1 & 2 FAMILY & COMMERCIAL

| | EACH | COUNT | FEE |
|---|---|---|---|
| 1. Automatic Washer | 5.00 | | |
| 2. Sink | 5.00 | | |
| 3. Dishwasher | 5.00 | | |
| 4. Garbage Grinder | 5.00 | | |
| 5. Water Closet | 5.00 | | |
| 6. Shower | 5.00 | | |
| 7. Lavatory | 5.00 | | |
| 8. Laundry Tray | 5.00 | | |
| 9. Urinal | 5.00 | | |
| 10. Bath Tub | 5.00 | | |
| 11. Hot Tub, Spa, Whirlpool | 10.00 | | |
| 12. High Pressure Boiler | 25.00 | | |
| 13. Drinking Fountain | 5.00 | | |
| 14. Floor Drain | 5.00 | | |
| 15. Sight Drain | 5.00 | | |
| 16. Sillcock | 2.00 | | |
| 17. Water Heater | 5.00 | | |
| 18. Wash Fountain | 5.00 | | |
| 19. Sump Pump | 5.00 | | |
| 20. Ejectors or Pump | 5.00 | | |
| 21. Water Softener | 5.00 | | |
| 22. Storm Sewer Conductor | 5.00 | | |
| 23. Backflow Prevention Device | 5.00 | | |

| | EACH | COUNT | FEE |
|---|---|---|---|
| 24. Sanitary Building Drain | | | |
| First 75 Feet | 10.00 | | |
| Over 75 Feet | .35/ft. | | |
| 25. Storm Building Drain | | | |
| First 75 Feet | 10.00 | | |
| Over 75 Feet | .35/ft. | | |
| 26. Manhole | 10.00 | | |
| 27. Catch Basin | 5.00 | | |
| 28. Water Service | | | |
| First 100 Ft. Lateral | 25.00 | | |
| Over 100 Ft. Lateral | .35/ft. | | |
| 29. Sanitary Building Sewer | | | |
| First 100 Ft. Lateral | 25.00 | | |
| Over 100 Ft. Lateral | .35/ft | | |
| 30.. Storm Building Sewer | | | |
| First 100 Ft. Lateral | 25.00 | | |
| Over 100 Ft. Lateral | .35/ft. | | |
| 31. Extension of House Drain Where Fixtures Already Installed | 25.00 | | |
| 32. Grease Interceptor | 50.00 | | |
| 33. Other _____ | 25.00 | | |

Minimum Permit Fee.....$30.00
Reinspection Fee.....$30.00 each
Failure to call for inspection.....$30.00 each
DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

**INSPECTIONS NEEDED**

☐ Rough ☐ UF ☐ Final

Municipality No. ___ ___ - ___ ___ ___

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 inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.**

SIGNATURE OF APPLICANT _____ DATE _____

| FEES: | RECEIPT | PERMIT EXPIRATION; | PERMIT ISSUED BY MUNICIPAL AGENT: |
|---|---|---|---|
| Inspection Fee _____<br>Administration Fee _____<br>Other _____ _____<br>Total _____ | CK# _____<br>Date _____<br>From _____<br>_____<br>Rec By. _____ | Permit expires two years from date issued unless municipal ordinance is more restrictive.<br>_____ | **CONDITIONS OF APPROVAL** This permit is issued pursuant to the attached conditions.<br>Name _____<br>Date _____<br>Certification No. _____ |

White - Municipal Files | Yellow - Applicant | Pink - Clerk/Assessor

WISCONSINPLMB 04/04