

W240 N3065 Pewaukee Road Phone – 262-691-9107 Fax – 262-691-6039	PLUMBING PERMIT APPLICATION CITY or VILLAGE OF PEWAUKEE *NOTE*: All Highlighted Areas must be completed	Permit No. _____ Parcel No. _____
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Building Type	Use
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Building Site Address:	Suite No.
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Owner's Name:	Mailing Address	Tel.
	Email Address	Cell#

Tenant's Name:	Mailing Address	Tel.
	Email Address	Cell#

Contractor's Name:	Mailing Address	Tel.
	Email Address	Cell#

Contractor License Number		
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PROJECT DESCRIPTION	ESTIMATED PROJECT VALUE \$ _____
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1. PROJECT	2. SPECIAL NOTES	3. STORIES	4. USE	5. OCCUPANCY
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alt <input type="checkbox"/> Raze <input type="checkbox"/> Add <input type="checkbox"/> Move <input type="checkbox"/> Other:	ALL NON-RESIDENTIAL SITES REQUIRE METERING/SAMPLING MANHOLES INSTALLED AT OR NEAR THE ROAD RIGHT OF WAY OR AT AN ACCESSIBLE AREA ACCESSIBLE BY VEHICLE	No. of Stories _____ <input type="checkbox"/> Mezzanine <input type="checkbox"/> Other <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<input type="checkbox"/> Sgl family <input type="checkbox"/> Commercial <input type="checkbox"/> Two family <input type="checkbox"/> Industrial <input type="checkbox"/> Multi-family <input type="checkbox"/> Public Utility <input type="checkbox"/> Industrial <input type="checkbox"/> Other:

LATERALS AND SITE PLUMBING – EXTERIOR ONLY	INTERIOR PLUMBING
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<u>SANITARY SEWER:</u> Length _____ Pipe Size _____ <input type="checkbox"/> Exterior Grease Trap Size _____ No. of Manholes _____ No of Cleanouts _____ <u>STORM SEWER:</u> Length _____ Pipe Size _____ No. Manholes / Catch Basins _____ <u>WATER LATERAL:</u> Length _____ Pipe Size _____ No. of Valves _____ No. of Hydrants _____ <u>FIRE LATERAL:</u> Length _____ Pipe Size _____ No. of Hydrants _____	<u>SANITARY UNDERFLOOR</u> Length _____ Pipe Size _____ No. of Cleanouts _____ <input type="checkbox"/> Grease Trap Size _____ <u>WATER DISTRIBUTION</u> Length _____ Pipe Size _____ Pipe Material _____ Note: A water calculation is required when additional demand is added to the water distribution system and/or for new homes. <u>STORM UNDERFLOOR</u> Length _____ Pipe Size _____ No. of Cleanouts _____ <u>FIXTURES:</u> Total number of all fixtures for water distribution, sanitary drain & vent, and storm system <div style="text-align: right;">TOTAL : _____</div>
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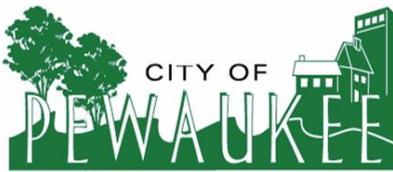
<u>WELLS</u> <input type="checkbox"/> Well Abandonment <input type="checkbox"/> Well Operations	Water Meter Size _____ Deduct Meter Size _____	R. P. Valve Size _____ Check Valve Size _____
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I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. **No refunds issued after work has begun.** By applying for this permit, you are authorizing City personnel to inspect this property within the scope of their duties.

APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

PERMIT FEES:	DOUBLE FEES	ACTIVE PERMITS	PERMIT ISSUED BY:
Permit \$ _____ Total \$ _____	<input type="checkbox"/> FAILURE TO OBTAIN PERMIT FEES DOUBLE Double Fee \$ _____	Active building permit No. <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____ Municipality # of Dwelling Location	Name _____ Date _____ Tel. _____ Cert No. _____



Building Services Department
 W240 N3065 Pewaukee Road
 Pewaukee, WI 53072
 (262) 691-9107 Fax: (262) 691-6039



PLUMBING PERMIT APPLICATION WORKSHEET

OWNER: _____

PHONE: _____

SITE ADDRESS: _____

DESCRIPTION

FEE

2. GENERAL ~ BASE FEE

- a. 1&2 Family New Building Base Fee \$125.00 each _____
- b. 1&2 Family Additions Base Fee \$75.00 each _____
- c. 1&2 Family Alteration Base Fee \$50.00 each _____
- d. 3-or-More Family/Comm Bldg **New/Additions** \$150.00 **plus** _____
 Base Fee plus \$5.00 per unit _____ x \$5.00/unit _____
- e. Non-Res Comm Building **New/Additions** Base Fee \$250.00 each _____
- f. Non-Res Comm Building **Alteration** Base Fee \$125.00 each _____

3. WATER SYSTEM

- a. Water Service Lateral _____ x \$60.00/inspection _____
- b. Back Flow Device – Fire, RP Valves, etc. _____ x \$60.00/inspection _____
- c. Water Distribution System (domestic) _____ x \$60.00/inspection _____

4. SANITARY SYSTEM

- a. Sanitary Sewer Lateral _____ x \$60.00/inspection _____
- b. Sanitary Building Drain Underground - Interior _____ x \$60.00/inspection _____
- c. Sanitary Drain & Vent System - Interior _____ x \$60.00/inspection _____

5. STORM SEWER SYSTEM

- a. Storm Sewer Lateral _____ x \$60.00 inspection _____
- b. Sewer Drain System - Interior _____ x \$60.00 inspection _____

6. PLUMBING FIXTURES*

- a. All plumbing fixtures including, but not limited to, faucets lavatories, commodes, tubs and hose bibs _____ x \$12.00/fixture _____
**If installing fixtures ONLY, add \$60 for an inspection.*

7. MISCELLANEOUS PLUMBING

- a. Re-inspections, Special Inspections - Per Inspection _____ \$75.00/inspection _____
Fee must be paid IN PERSON prior to scheduling
- b. Private Well Inspection - Cross Connection, Abandonment, etc. _____ \$125.00/inspection _____
- c. Fire Suppression – Check Valves _____ \$50.00/inspection _____
- d. Gas Piping _____ \$60.00/inspection _____

SUBTOTAL _____

x2: Fees double if work is started without permit. _____

TOTAL AMOUNT DUE _____