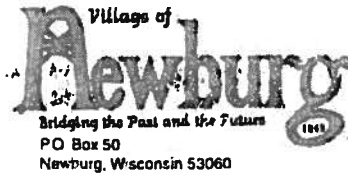


PLUMBING PERMIT
APPLICATION



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 ^{7.50}		
BATH TUBS	NO. _____	x \$ 6.00 ^{7.50}		
WASH BASINS	NO. _____	x \$ 6.00 ^{7.50}	INSIDE SEWER	
KITCHEN SINKS	NO. _____	x \$ 6.00 ^{7.50}	FIRST 100 FEET	\$40.00 _____
LAUNDRY TUBS	NO. _____	x \$ 6.00 ^{7.50}		
FLOOR DRAINS	NO. _____	x \$ 6.00 ^{7.50}	OUT SIDE SEWER	
URINALS	NO. _____	x \$ 6.00 ^{7.50}	FIRST 100 FEET	\$40.00 _____
SHOWER STALLS	NO. _____	x \$ 6.00 ^{7.50}		
BUBBLERS	NO. _____	x \$ 6.00 ^{7.50}	WATER TAP OR SEWER	
BAR WASTE	NO. _____	x \$ 6.00 ^{7.50}	CONNECTION IN ROADWAY	\$25.00 _____
HOSE BIBBS	NO. _____	x \$ 6.00 ^{7.50}		
DISHWASHER	NO. _____	x \$ 6.00 ^{7.50}	STREET OPENING AND BLACKTOP	
			REPAIRS	\$200.00 _____
WATER HEATERS	NO. _____	x \$ 6.00 ^{7.50}		
SUMP PUMPS	NO. _____	x \$ 6.00 ^{7.50}	REINSPECTION CHARGES	\$25.00 _____
WATER SOFTENERS	NO. _____	x \$ 6.00 ^{7.50}		
SANITARY PIT	NO. _____	x \$ 6.00 ^{7.50}	BASE FEE	\$30.00 _____
WATER PURIFIERS	NO. _____	x \$ 6.00 ^{7.50}		
TOTALS	NO. _____	\$ _____		\$ _____
TOTAL FEE CHARGED				\$ _____

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

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____