



(Historic)
TOWN OF OCONOMOWOC
 W359 N6812 Brown Street
 Oconomowoc, WI 53066

For Inspection Call
 Phone: (920) 723-4100

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

Plumbing Permit Application

PROJECT LOCATION (Building Address)	
PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY

OWNER NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	BONDING/INSURANCE COMPANY	MASTER PLUMBER LICENSE NUMBER

SCHEDULE OF INSPECTION FEES		EACH	COUNT	FEE
NEW BUILDING, ADDITION, REMODELING	Base fee (number of buildings).....	\$50.00	_____	_____
	Plus square footage or line items below.....	\$0.10/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS							
	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	15.00	_____	_____	25. Fire Suppression Systems -	200.00	_____	_____
2. Sink/Dishwasher	15.00	_____	_____	Restaurant Stoves, Fryers, Broilers		_____	_____
3. Garbage Grinder	15.00	_____	_____	26. Sanitary Building Drain		_____	_____
4. Water Closet/Urinal	15.00	_____	_____	First 75 Feet	50.00	_____	_____
5. Shower/Lavatory	15.00	_____	_____	Over 75 Feet	.50/ft.	_____	_____
6. Laundry Tray	15.00	_____	_____	27. Storm Building Drain		_____	_____
7. Bath Tub	15.00	_____	_____	First 75 Feet	50.00	_____	_____
8. Hot Tub, Spa, Whirlpool	40.00	_____	_____	Over 75 Feet	.50/ft.	_____	_____
9. High Pressure Boiler	25.00	_____	_____	28. Manhole	15.00	_____	_____
10. Drinking Fountain	15.00	_____	_____	29. Catch Basin	15.00	_____	_____
11. Floor Drain/Sight Drain	15.00	_____	_____	30. Water Service		_____	_____
12. Sillcock	15.00	_____	_____	First 100 Ft. Lateral	60.00	_____	_____
13. Water Heater	15.00	_____	_____	Over 100 Ft. Lateral	.50/ft.	_____	_____
14. Wash Fountain	15.00	_____	_____	31. Sanitary Building Sewer		_____	_____
15. Sump Pump	15.00	_____	_____	First 100 Ft. Lateral	50.00	_____	_____
16. Ejectors or Pump	15.00	_____	_____	Over 100 Ft. Lateral	.50/ft.	_____	_____
17. Water Softener	15.00	_____	_____	32. Storm Building Sewer		_____	_____
18. Storm Sewer Conductor	15.00	_____	_____	First 100 Ft. Lateral	50.00	_____	_____
19. Backflow Prevention Device	15.00	_____	_____	Over 100 Ft. Lateral	.50/ft.	_____	_____
20. Plan Review	50.00	_____	_____	33. Extension of House Drain		_____	_____
21. Sprinkler Heads (\$1.00 ea) MINIMUM	50.00	_____	_____	Where Fixtures		_____	_____
22. Fire Hose Rack	15.00	_____	_____	Already Installed	50.00	_____	_____
23. Fire Department Connection	15.00	_____	_____	34. Septic Abandonment, Cap Sewer	50.00	_____	_____
24. Hydrant	15.00	_____	_____	35. Appliance Gas Piping	50.00	_____	_____
				36. Other	50.00	_____	_____

Minimum Permit Fee..... \$50.00 Each
 Reinspect Fee..... \$50.00 Each
 Failure to call for inspection..... \$50.00 Each
 QUADRUPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

* Please include self-addressed stamped envelope for a copy of issued permit, otherwise a copy will not be sent back.

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. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ DATE _____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days from date unless noted below.	Name _____ Date _____ Certification No. _____
NO REFUNDS ON PERMITS			