

W240 N3065 Pewaukee Road Phone – 262-691-9107 Fax – 262-691-1798	PLUMBING PERMIT APPLICATION CITY or VILLAGE of PEWAUKEE	Permit No. _____ Parcel No. _____
--	--	--------------------------------------

Building Type	Use
----------------------	------------

Building Site Address:	Suite No.
-------------------------------	------------------

Owner's Name:	Mailing Address	Tel.
		FAX
Tenant's Name:	Mailing Address	Tel.
		FAX
Contractor's Name:	Mailing Address	Tel.
		FAX
Contractor License Number		

PROJECT DESCRIPTION	ESTIMATED PROJECT VALUE \$ _____
----------------------------	--

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
<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 _____ <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>

<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 _____
--	---	--

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 _____
------------------------------------	--------------------------

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 <div style="text-align: center;">67-270</div>	Name _____ Date _____ Tel. _____ Cert No. _____



Pewaukee
Building Services Department
 W240 N3065 Pewaukee Rd
 Pewaukee, WI 53072
 Phone (262) 691-9107 Fax (262)691-1798



PLUMBING PERMIT FEES WORKSHEET

OWNER: _____

ADDRESS: _____

DESCRIPTION	FEE	
1. <u>Minimum Permit Fee ~ All Permits</u>	x \$60.00/inspection	_____
2. <u>General ~ Base Fees</u>		
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/Cmcl Building New/Additions Base Fee	\$150.00 plus	_____
plus \$5.00 per unit	x \$5.00/unit	_____
e. Non-Res/Cmcl Building New/Additions Base Fee	\$250 each	_____
f. Non-Res/Cmcl Building Alteration Base Fee	\$125 each	_____
3. <u>WATER SYSTEM</u>		
a. Water Service Lateral	x \$60.00/inspection	_____
b. Back Flow Device - Fire, R.P. Valves, etc.	x \$60.00/inspection	_____
c. Water Distribution System (domestic)	x \$60.00/inspection	_____
4. <u>SANITARY SYSTEM</u>		
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. <u>STORM SEWER SYSTEM</u>		
a. Storm Sewer Lateral	x \$60.00/inspection	_____
b. Sewer Drain System - Interior	x \$60.00/inspection	_____
6. <u>PLUMBING FIXTURES</u>		
a. All plumbing fixtures. Including, but not limited to: faucets, lavatories, toilets, tubs, AAV's, dishwashers, hose bibs, etc.	x \$12.00 per fixture	_____
4. <u>MISCELLANEOUS PLUMBING</u>		
a. Re-inspection, Special Inspections	x \$75.00/inspection	_____
b. Private Well Inspection - Cross Connection, Abandonment, etc.	x \$125.00/inspection	_____
c. Fire Suppression - Check Valves	x \$50.00/inspection	_____
SUBTOTAL		_____
x2: Fees double if work started without permit.		_____
TOTAL AMOUNT DUE		_____