



Village of East Troy

2015 ENERGY DRIVE

EAST TROY, WI 53120

Plumbing Inspections

call (262) 352-4433

Fax (262) 642-6259

| |
|---------------------------------|
| PERMIT NO. |
| TAX KEY # |
| Attached with Building Permit # |

| |
|----------------------|
| Project Address: |
| Project Description: |

PLUMBING Permit Application

☐ Commercial

☐ One & Two Family

| | | |
|-----------------|--------------------------------------|-------------------------------|
| OWNER'S NAME | MAILING ADDRESS - INCLUDE CITY & ZIP | TELEPHONE - INCLUDE AREA CODE |
| CONTRACTOR NAME | MAILING ADDRESS - INCLUDE CITY & ZIP | TELEPHONE - INCLUDE AREA CODE |
| ESTIMATED COST | CONTRACTOR REGISTRATION NUMBER | LICENSE NUMBER |

SCHEDULE OF PERMIT FEES

Fee

BASE FEE ON ALL NEW BUILDING, ADDITIONS & REMODELS \$45.00

Plus .04 cents per sq.ft. for all areas.....

sq. ft.

Fee \$

Total \$

OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

| | Each | Count | Fee | | Each | Count | Fee |
|-------------------------------------|-------|-------|-------|-------------------------------------|--------|-------|-------|
| 1) Automatic Washer..... | 6.00 | _____ | _____ | 25) Fire Suppression Systems | | | |
| 2) Sink..... | 6.00 | _____ | _____ | Restaurant Stoves, Fryers, Broilers | 15.00 | _____ | _____ |
| 3) Garbage Grinder..... | 6.00 | _____ | _____ | 26) Sanitary Building Drain | | | |
| 4) Dishwasher..... | 6.00 | _____ | _____ | First 75 Feet..... | 25.00 | _____ | _____ |
| 5) Lavatory..... | 6.00 | _____ | _____ | Over 75 Feet..... | .35/ft | _____ | _____ |
| 6) Water Coset/Urinal..... | 6.00 | _____ | _____ | 27) Storm Building Drain | | | |
| 7) Bath Tub..... | 6.00 | _____ | _____ | First 75 Feet..... | 15.00 | _____ | _____ |
| 8) Hot Tub, Spa, Whirlpool..... | 10.00 | _____ | _____ | Over 75 Feet..... | .35/ft | _____ | _____ |
| 9) Shower..... | 6.00 | _____ | _____ | 28) Manhole..... | 10.00 | _____ | _____ |
| 10) Drinking Fountain..... | 6.00 | _____ | _____ | 29) Catch Basin..... | 6.00 | _____ | _____ |
| 11) Floor Drain/Sight Drain..... | 6.00 | _____ | _____ | 30) Water Service | | | |
| 12) Sillcock..... | 6.00 | _____ | _____ | First 100 Ft Lateral..... | 60.00 | _____ | _____ |
| 13) Laundry Tray..... | 6.00 | _____ | _____ | Over 100 Ft Lateral..... | .35/ft | _____ | _____ |
| 14) Wash Fountain..... | 6.00 | _____ | _____ | 31) Sanitary Building Sewer | | | |
| 15) Ejectors & Sump Pumps..... | 6.00 | _____ | _____ | First 100 Ft Lateral..... | 50.00 | _____ | _____ |
| 16) Water Heater..... | 6.00 | _____ | _____ | Over 100 Ft Lateral..... | .35/ft | _____ | _____ |
| 17) Water Softner..... | 6.00 | _____ | _____ | 32) Storm Building Sewer | | | |
| 18) Storm Sewer Conductor..... | 6.00 | _____ | _____ | First 100 Ft Lateral..... | 50.00 | _____ | _____ |
| 19) Backflow Prevention Device..... | 6.00 | _____ | _____ | Over 100 Ft Lateral..... | .35/ft | _____ | _____ |
| 20) Sprinkler Heads (.10 each) Min. | 15.00 | _____ | _____ | 33) Septic Abandonment..... | 35.00 | _____ | _____ |
| 21) Fire Hose Rack..... | 6.00 | _____ | _____ | 34) Extension of existing building | | | |
| 22) Fire Department Connection..... | 6.00 | _____ | _____ | drain branches & vents..... | 25.00 | _____ | _____ |
| 23) Hydrant..... | 6.00 | _____ | _____ | 35) Other..... | | | |
| | | | | | 25.00 | _____ | _____ |

Minimum Permit Fee **\$45.00 Each**

Reinspect Fee **\$35.00 Each**

Failure to Call for inspection **\$35.00 Each**

Total Fees \$

*****DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED*****

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the 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 of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-352-4433. Give at least 24 hours notice on all inspections.

Signature of Applicant _____

Date _____

| FEES: | RECEIPT | PERMIT EXPIRATION: | PERMIT ISSUED BY MUNICIPAL AGENT |
|---|---------------|--------------------------|----------------------------------|
| Permit Fee \$ _____ | Ck # _____ | Permit Expires | Name _____ |
| If you would like a copy of the permit, please include a stamped self addressed envelope. | Date _____ | 90 Days from date | Date _____ |
| | From _____ | unless otherwise | Certification # _____ |
| | Rec. By _____ | noted below | |

NO REFUNDS ON PERMITS

