



210 Cottonwood Ave  
Hartland, WI 53029

**PLUMBING Permit Application**

**Plumbing Inspections**  
call (262) 367-4744

Permit No. \_\_\_\_\_

Project Address: \_\_\_\_\_  
 Project Discription: \_\_\_\_\_  
 Commercial       One & Two Family      ESTIMATED COST \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ MAILING ADDRESS - INCLUDE CITY & ZIP \_\_\_\_\_ TELEPHONE - INCLUDE AREA CODE \_\_\_\_\_  
 CONTRACTOR NAME \_\_\_\_\_ MAILING ADDRESS - INCLUDE CITY & ZIP \_\_\_\_\_ TELEPHONE - INCLUDE AREA CODE \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_ CONTRACTOR REGISTRATION NUMBER \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

**SCHEDULE OF PERMIT FEES Fees**

**1. BASE FEE .....(Residential \$60.00/Commercial \$100.00) \$**

**2. New Building, Alts, Additions \$ .09 per sq.ft. for all area sq.ft Fee \$**

**Total \$**

3.							
	Each	Count	Fee		Each	Count	Fee
1 All fixtures, sinks, floor drain, pumps, tub, shower basin piped devices etc.	15.00	_____	_____	14 Water Service first 100 Ft Lateral	75.00	_____	_____
2 Sprinkler Heads	10.00	_____	_____	Over 100 Ft Lateral	.35 /ft	_____	_____
3 Special Fire Inspections	100.00	_____	_____	15 Sanitary Building Sewer First 100 Ft Lateral	75.00	_____	_____
4 Fire Supsression Systems/Hoods	100.00	_____	_____	Over 100 Ft Lateral	.35 /ft	_____	_____
5 Sanitary Building Drain First 75 Feet	50.00	_____	_____	16 Storm Building Sewer First 100 Ft Lateral	50.00	_____	_____
Over 75 Feet	.50 ft.	_____	_____	Over 100 Ft Lateral	.50/ft	_____	_____
6 Storm Building Drain First 75 Feet	50.00	_____	_____	17 Storm Sewer	\$1/ft	_____	_____
Over 75 Feet	.50 ft.	_____	_____	18 Private Interceptor Sewer Main	\$2/ft	_____	_____
7 Manhole	20.00	_____	_____	19 Private Water Main	\$2/ft	_____	_____
8 Catch Basin	20.00	_____	_____	20 Other		_____	_____
9 Reinspect fee	60.00	_____	_____			_____	_____

\* Replacement water heaters & water treatment devices in single family dwellings, do not require permits or inspections.

Base Fee	\$60/100
Fee #2 or #3 +	\$
Total Fee =	

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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee \$ _____	Rcpt # _____ Date _____ From _____ Rec. By _____	<b>Permit Expires 90 Days from date unless otherwise noted below</b>	Name _____ Date _____