

**TOWN OF EAGLE**  
**P.O.Box 327**  
**820 E Main St**  
**Eagle, Wi 53119**

**Call for**  
**Plumbing Inspection**  
 Scott Johnson  
 (262) 352-4433

|                |
|----------------|
| PERMIT # _____ |
| TAX KEY# _____ |

**Plumbing Permit Application**

|  |   |
|--|---|
| <b>PROJECT LOCATION</b><br>(Building Location) | _____                                   |
| <b>PROJECT DESCRIPTION</b>                     | Commercial _____ One & Two Family _____ |

|  |  |                                     |
|--|--|-------------------------------------|
| OWNER'S NAME _____   | MAILING ADDRESS - INCLUDE CITY & ZIP _____ | TELEPHONE - INCLUDE AREA CODE _____ |
| CONTRACTOR'S NAME _____  | MAILING ADDRESS - INCLUDE CITY & ZIP _____ | TELEPHONE - INCLUDE AREA CODE _____ |
| LIST ELECTRICAL CONTRACTOR FOR ALL PLUMBING REPLACEMENTS _____ | MAILING ADDRESS W/ CITY & ZIP _____        | TELEPHONE - INCLUDE AREA CODE _____ |
| ESTIMATED COST _____   | LICENSE NUMBER _____                       | CONTRACTOR LICENSE NUMBER _____     |

**SCHEDULE OF INSPECTION FEES**

| NEW BUILDING, ADDITION, OR REMODELING    | Minimum Base Fee ..... | EACH                                | COUNT | FEE   |
|--|------------------------|-------------------------------------|-------|-------|
|  |                        | \$70.00 + .06/sq. ft. For all areas | _____ | _____ |
| +New Construction/Remodel/Additions..... | _____                  | _____                               | _____ | _____ |

**REPLACEMENT, MODIFICATIONS, AND MISCELLANEOUS ITEMS+BASE FEE \$70.00**

|                                      | EACH     | COUNT | FEE   |  | EACH     | COUNT | FEE   |
|--------------------------------------|----------|-------|-------|--|----------|-------|-------|
| 1. Automatic Washer.....             | \$ 13.00 | _____ | _____ | 26. Sprinkler Heads (\$1.00 per Sprinkler).... | \$ 15.00 | _____ | _____ |
| 2. Sink .....                        | \$ 13.00 | _____ | _____ | 27. Fire Hose Rack .....                       | \$ 10.00 | _____ | _____ |
| 3. Dishwasher.....                   | \$ 13.00 | _____ | _____ | 28. Fire Department Connection .....           | \$ 50.00 | _____ | _____ |
| 4. Garbage Disposal.....             | \$ 13.00 | _____ | _____ | 29. Hydrant .....                              | \$ 50.00 | _____ | _____ |
| 5. Water Closet/Urinal.....          | \$ 13.00 | _____ | _____ | 30. Fire Suppression Systems                   |          | _____ | _____ |
| 6. Shower/Lavatory .....             | \$ 13.00 | _____ | _____ | Restaurant Stoves/Fryers/Boilers....           | \$ 70.00 | _____ | _____ |
| 7. Laundry Tray.....                 | \$ 13.00 | _____ | _____ | 31. Water Service                              |          | _____ | _____ |
| 8. Bath Tub.....                     | \$ 13.00 | _____ | _____ | First 100" Lateral .....                       | \$ 70.00 | _____ | _____ |
| 9. Hot Tub/Spa/Whirlpool .....       | \$ 13.00 | _____ | _____ | Over 100" Lateral (per ft.) .....              | \$ 0.35  | _____ | _____ |
| 10. High Pressure Boiler .....       | \$ 30.00 | _____ | _____ | 32. Sanitary Sewer Hook-up (One Time Fee)      | \$ 65.00 | _____ | _____ |
| 11. Boiler Drain .....               | \$ 55.00 | _____ | _____ | 33. Sewer Lateral Repair (per 100") .....      | \$ 60.00 | _____ | _____ |
| 12. Acid Sink/Tank.....              | \$ 20.00 | _____ | _____ | 34. Manhole/Catch Basin .....                  | \$100.00 | _____ | _____ |
| 13. Grease Trap/Interceptor .....    | \$ 55.00 | _____ | _____ | 35. Sewer Ejector .....                        | \$ 55.00 | _____ | _____ |
| 14. Machin Waste .....               | \$ 55.00 | _____ | _____ | 36. Sanitary Building Sewer                    |          | _____ | _____ |
| 15. Drinking Fountain.....           | \$ 13.00 | _____ | _____ | First 100" Lateral .....                       | \$ 70.00 | _____ | _____ |
| 16. Flood/Sight Drain .....          | \$ 13.00 | _____ | _____ | Over 100" Lateral .....                        | \$ 0.50  | _____ | _____ |
| 17. Silcock.....                     | \$ 13.00 | _____ | _____ | 37. Storm Building Sewer                       |          | _____ | _____ |
| 18. Water Heater.....                | \$ 15.00 | _____ | _____ | First 100" Lateral .....                       | \$ 70.00 | _____ | _____ |
| 19. Wash Fountain .....              | \$ 13.00 | _____ | _____ | Over 100" Lateral .....                        | \$ 0.50  | _____ | _____ |
| 20. Sump Pump .....                  | \$ 13.00 | _____ | _____ | 38. Extension of House Drain .....             | \$ 55.00 | _____ | _____ |
| 21. Ejectors or Pump .....           | \$ 13.00 | _____ | _____ | 39. Re-Inspection.....                         | \$ 75.00 | _____ | _____ |
| 22. Water Softener.....              | \$ 15.00 | _____ | _____ | 40. Failure to Call for Inspection.....        | \$100.00 | _____ | _____ |
| 23. Storm Sewer Conductor .....      | \$ 13.00 | _____ | _____ | 41. Work Not ready for Scheduled Inspection    | \$100.00 | _____ | _____ |
| 24. Backflow Prevention Device ..... | \$ 13.00 | _____ | _____ | 42. Failure to Obtain Permit                   |          | _____ | _____ |
| 25. Plan review .....                | \$ 25.00 | _____ | _____ | Double Permit Fee .....                        | \$ _____ | _____ | _____ |

**PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE FOR PERMIT RETURN (NO REFUNDS ON PERMITS)**

Total= (Minimum permit fee \$70.00) \$ \_\_\_\_\_

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 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 |
|-------------------------|---------------|---|----------------------------------|
| Inspection Fee \$ _____ | Check # _____ | Permit Expires<br>90 days from date<br>Unless otherwise noted below | Name _____                       |
| Receipt Number: _____   | Date _____    |   | Date _____                       |
| Date _____              | From _____    |   | Certification Number _____       |
|                         | Rec. By _____ |   |                                  |