Town of Eagle
P.O. BOX 327
820 E MAIN ST
EAGLE WI 53119

Plumbing Inspections
call (262) 210 3226

PERMIT NO.
TAX KEY #
Attached with Building Permit #

Project Address:
Project Discription:

PLUMBING Permit Application

☐ 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**

(Option 1) SCHEDULE OF PERMIT FEES

BASE FEE ON ALL NEW BUILDING, ADDITIONS & REMODELS $70.00

Plus $ .06 per sq.ft. for entire project areas..... sq.ft Fee $

Total $

"OR" (Option 2)BASE FEE + REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

	Each	Count	Fee
1 Automatic Washer	$13.00		
2 Sink	$13.00		
3 Garbage Grinder	$13.00		
4 Dishwasher	$13.00		
5 Lavatory	$13.00		
6 Water Closet/Urinal	$13.00		
7 Bath Tub	$13.00		
8 Hot Tub, Spa, Whirlpool	$13.00		
9 Shower	$13.00		
10 Drinking Fountain	$13.00		
11 Floor Drain/Sight Drain	$13.00		
12 Hose Bibb	$13.00		
13 Laundry Tray	$13.00		
14 Wash Fountain	$13.00		
15 Ejectors & Sump Pump	$13.00		
16 Water heater	$15.00		
17 Water Conditioners	$15.00		
18 Storm Sewer Conductor	$13.00		
19 Backflow Prevention Device	$13.00		
20 Storm Water Conductor	$13.00		
21 Sprinkler Heads ($1.00 per Sprinkler)	$15.00		
22 Fire Hose Rack	$10.00		
23 Fire Department Connection	$50.00		
24 Hydrant	$50.00		

	Each	Count	Fee
25 Fire Suppression Systems			
Restaurant Stoves, Fryers, Broilers	$70.00		
26 Acid Sink/Tank	$20.00		
27 Grease Trap/ Interceptor	$55.00		
28 Sewer Ejector	$55.00		
29 Manholes/Catchbasin	$100.00		
30 Water Service			
First 100 Ft Lateral	$70.00		
Over 100 Ft Lateral	.35/ft		
31 Sanitary Building Drain/Sewer			
First 100 Ft Lateral	$70.00		
Over 100 Ft Lateral	.50/ft		
32 Storm Building Drain/Sewer			
First 100 Ft Lateral	$70.00		
Over 100 Ft Lateral	.50/ft		
33 Septic Abandonment	$35.00		
34 **Replacement of existing drain branches, vents & water systems**	$55.00		
35 Other_____ _____	$25.00		

Reinspect Fee $75.00 Each

Failure to Call for inspection $100.00 Each

Item Total Cost

Base Fee $70.00

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 262-210-3226. 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**	
If you would like a copy of the	Date_____	**90 Days** from date	Name_____
permit, please send a stamped	From_____	unless otherwise	Date_____
self addressed envelope.	_____	noted below	Certification #_____
	Rec. By_____	**NO REFUNDS ON PEMITS**	