

Town of Watertown

Send Permits To:
 Town of Watertown Inspections
 P.O. Box 25
 Okauchee, WI 53069

MAKES CHECKS PAYABLE TO:
 Town of Watertown

| |
|-------------------|
| Permit # |
| Tax Key # |
| Building Permit # |

Plumbing Permit Application

For Inspections Call: (262)-490-0277

| | |
|---|--|
| PROJECT LOCATION (Building Location) | |
| PROJECT DESCRIPTION | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWOFAMILY |

| | | |
|-------------------|--------------------------------------|-------------------------------|
| OWNER'S NAME | MAILING ADDRESS – INCLUDE CITY & ZIP | TELEPHONE – INCLUDE AREA CODE |
| CONTRACTOR'S NAME | MAILING ADDRESS – INCLUDE CITY & ZIP | TELEPHONE – INCLUDE AREA CODE |
| ESTIMATED COST | | MASTER PLUMBER'S NUMBER |

| SCHEDULE OF INSPECTION FEES | | EACH | COUNT | FEE |
|--|---------------|--------------------------------|---------|-----|
| NEW BUILDING, ADDITION, REMODEL | Base Fee..... | \$50.00 | | |
| | Plus..... | \$.05/Sq. Ft. For All Areas | Sq. Ft. | |

| REPLACEMENT, MODIFICATIONS AND MISC. ITEMS | | | | | | | |
|--|--------|-------|-------|---|---------|-------|-------|
| | EACH | COUNT | FEE | | EACH | COUNT | FEE |
| 1. Automatic Washer | 6.00 | _____ | _____ | 24. Fire Suppression System- (Restaurant Stoves, Fryers, Broilers) | 100.00 | _____ | _____ |
| 2. Sink/Dishwasher | 6.00 | _____ | _____ | 25. Sanitary Building Drain | | _____ | _____ |
| 3. Garbage Grinder | 6.00 | _____ | _____ | First 75 Feet | 50.00 | _____ | _____ |
| 4. Water Closet/Urinal | 6.00 | _____ | _____ | Over 75 Feet | .50/ft. | _____ | _____ |
| 5. Show/Lavatory | 6.00 | _____ | _____ | 26. Storm Building Drain | | _____ | _____ |
| 6. Laundry Tray | 6.00 | _____ | _____ | First 75 Feet | 50.00 | _____ | _____ |
| 7. Bath Tub | 6.00 | _____ | _____ | Over 75 Feet | .50/ft. | _____ | _____ |
| 8. Hot Tub, Spa, Whirlpool | 75.00 | _____ | _____ | 27. Manhole | 15.00 | _____ | _____ |
| 9. High Pressure Boiler | 30.00 | _____ | _____ | 28. Catch Basin | 15.00 | _____ | _____ |
| 10. Drinking Fountain | 6.00 | _____ | _____ | 29. Water Service | | _____ | _____ |
| 11. Floor Drain/Sight Drain | 6.00 | _____ | _____ | First 100 ft. Lateral | 60.00 | _____ | _____ |
| 12. Sillcock | 6.00 | _____ | _____ | Over 100 ft. Lateral | .50/ft. | _____ | _____ |
| 13. Water Heater | 10.00 | _____ | _____ | 30. Sanitary Building Sewer | | _____ | _____ |
| 14. Wash Fountain | 6.00 | _____ | _____ | First 100 ft. Lateral | 50.00 | _____ | _____ |
| 15. Sump Pump | 6.00 | _____ | _____ | Over 100 ft. Lateral | .50/ft. | _____ | _____ |
| 16. Ejectors or Pump | 6.00 | _____ | _____ | 31. Storm Building Sewer | | _____ | _____ |
| 17. Water Softener | 10.00 | _____ | _____ | First 100 ft. Lateral | 50.00 | _____ | _____ |
| 18. Storm Sewer Conductor | 6.00 | _____ | _____ | Over 100 ft. Lateral | .50/ft. | _____ | _____ |
| 19. Backflow Prevention Device | 6.00 | _____ | _____ | 32. Extension of House Drain | | _____ | _____ |
| 20. Sprinkler Heads (\$1.00 ea.) MINIMUM | 100.00 | _____ | _____ | Where Fixtures | | _____ | _____ |
| 21. Fire Hose Rack | 10.00 | _____ | _____ | Already Installed | 50.00 | _____ | _____ |
| 22. Fire Department Connection | 10.00 | _____ | _____ | 33. Septic Abandonment | 50.00 | _____ | _____ |
| 23. Hydrant | 10.00 | _____ | _____ | 34. Other _____ | 50.00 | _____ | _____ |

Minimum Permit Fee\$40.00 Each
 Reinspect Fee\$100.00 Each
 Failure to call for inspection.....\$100.00 Each

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

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this 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 the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 48 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ **DATE** _____

| FEES: | RECEIPT: | PERMIT EXPIRATION: | PERMIT ISSUED BY MUNICIPAL AGENT: |
|--|---|--|-----------------------------------|
| Inspection Fee \$ _____ NO REFUNDS ON PERMITS | Ck# _____ Date _____ From _____ _____ Rec. By _____ | Permit Expires 2 Years from date unless otherwise noted below. _____ | Name _____ Date _____ |