

VILLAGE OF PALMYRA

P.O. Box 380
PALMYRA, WI 53156



Plumbing Permit Application

Inspection Services

For Inspections Call 262-490-0277

Project Address _____ Estimated Cost. _____

Owner's Name _____ Address _____ Phone No. _____

Contractor's Name _____ (Mstr-License #) _____ Address _____ Zip _____ Phone No. _____

SCHEDULE OF PERMIT FEES

		Qty.	Fee
NEW BUILDING	Base fee		\$50.00
	Plus.....		.05/sq. ft. for all areas

Square footage fee does not include laterals. All laterals must be listed below.

ADDITIONS, MODIFICATIONS AND MISC ITEMS

Qty.	Item	Ea.	Fee	Qty.	Item	Ea.	Fee
_____	Automatic washer	\$5.00	_____	_____	Manhole	\$10.00	_____
_____	Sink, dishwasher, disposal	5.00	_____	_____	Catch basin	10.00	_____
_____	Water closet, lavatory, urinal	5.00	_____	_____	Sprinkler head	1.00	_____
_____	Laundry tray	5.00	_____	_____	Sanitary building drain over 75 ft. (addl. per ft.)	50.00 .65	_____
_____	Bath tub/shower	5.00	_____	_____	Storm building drain over 75 ft. (addl. per ft.)	50.00 .65	_____
_____	Hot tub, spa, whirlpool, wash fountain	15.00	_____	_____	Sanitary sewer lateral over 100 ft. (addl. per ft.)	50.00 .65	_____
_____	High-pressure boiler	65.00	_____	_____	Storm sewer lateral over 100 ft. (addl. per ft.)	50.00 .65	_____
_____	Drinking fountain	5.00	_____	_____	Water lateral over 100 ft. (addl. per ft.)	50.00 .65	_____
_____	Floor drain, sight drain	5.00	_____	_____	Other_____	30.00	_____
_____	Water heater, water softener	5.00	_____				
_____	Sump pump, ejector or pump	5.00	_____				
	Subtotal		_____				

Re-Inspection Fee \$75.00

Special Inspection Fee.....\$75.00

TOTAL LINE ITEMS _____

BASE FEE + \$35.00

GRAND TOTAL DUE _____

IF WORK IS STARTED BEFORE PERMIT IS ISSUED, FEES ARE DOUBLE. NO REFUNDS AFTER PERMIT IS ISSUED.

****Per WI SPS 320.10(2)(b)****

Inspector has to 2-Full Business days after day of Inspection request to complete Inspection, work shall be ready for Inspection when request is made.

Signature of Applicant _____

Date _____

Approved by: Building Inspection Department _____

Date _____

Permit No. _____