

Town of Scott, Sheboygan County Plumbing Permit Application

Date:	Permit #	UDC Permit #
Owner's Name		Phone
Street Address		City Zip
Lot #	Block #	Subdivision
Project Address		
Contractor's Name		Contractor's Address, City, St, Zip
Contractor's License/Certification #		Contractor's Phone #

Water Closets	No.	_____ x	\$8.00	_____	Inside Sewer First 100		
Bath Tubs	No.	_____ x	\$8.00	_____	Feet	\$50	_____
Wash Basins	No.	_____ x	\$8.00	_____			
Kitchen Sinks	No.	_____ x	\$8.00	_____	Street opening and		
Laundry Tubs	No.	_____ x	\$8.00	_____	Blacktop Repairs	\$200	_____
Floor Drains	No.	_____ x	\$8.00	_____			
Urinals	No.	_____ x	\$8.00	_____			
Shower Stalls	No.	_____ x	\$8.00	_____			
Bubblers	No.	_____ x	\$8.00	_____	Reinspection Charges	\$75	_____
Bar Waste	No.	_____ x	\$8.00	_____			
Hose Bibbs	No.	_____ x	\$8.00	_____	Base Charge for All		
Dishwasher	No.	_____ x	\$8.00	_____	Permits	\$50	\$50
Disposal	No.	_____ x	\$8.00	_____			
Water Heater	No.	_____ x	\$8.00	_____			
Sump Pump	No.	_____ x	\$8.00	_____			
Water Softner	No.	_____ x	\$8.00	_____			
Machine Waste	No.	_____ x	\$8.00	_____			
TOTAL FEE							_____

Note: If plumbing work is commenced before the permit has been obtained, the fees shall be doubled, with No Exceptions!!

In the performance of this work the undersigned owner (or his authorized agent), of said premises, and his authorized plumber, hereby agrees to be bounded by and submit to all statutes of the State of Wisconsin, and the State Plumbing codes.

*Only state license plumbers may obtain a plumbing permit and perform work as described above.

Remarks:

Signature of Applicant:	Date:
Mail: Application and Supporting Documents to Town of Scott N1306 Boltonville Rd, Adell, WI 53001 Checks Payable to Town of Scott	Building Inspector: Nick Thill P: 262.277.1328 Anchored Inspections, LLC anchorinspectllc@gmail.com

FOR OFFICE USE ONLY	Paid on _____	Check # _____	Amount _____
---------------------	---------------	---------------	--------------