

Nick Thill, Residential Building Inspector
262-277-1328 / anchorinspectllc@gmail.com
Town of Port Washington
3715 Highland Dr, Port Washington WI 53074
townofportwashingtonwi.gov

Permit # _____

Date: _____

Tax Key # _____
(Required)

PLUMBING PERMIT

Owner _____ Contractor _____

Job Address _____ Contractor Address _____

Residential Commercial Industrial Phone # _____
(circle one) MP# _____

NEW CONSTRUCTION

Sinks _____	Floor Drains _____	Garbage Disposal _____
Wash Basins _____	Sanitary Bubbler _____	Bar Connection _____
Bath Tubs/Spas _____	Dish Washer _____	Sump Pump _____
Water Closets _____	Urinals _____	Sanitary Pump _____
Laundry Tubs _____	Showers _____	Hose Bibs _____
Water Heater _____	Well Connections _____	Water Filters _____
Water Softener _____	Catch Basin _____	Other _____

REPLACEMENT

WATER HEATER	WATER SOFTENER
_____ GAS-\$50	_____ \$50
_____ ELECTRIC-\$50	OTHER _____

TOTAL NEW FIXTURES _____

@ \$8-each _____

INSIDE SEWER FEE _____ \$20.00

BASE PERMIT FEE _____ \$50.00

Sprinkler System: \$0.30/ per head
\$30 for Main, first 100 ft.

TOTAL PERMIT FEE: _____

ALL FEES PAYABLE TO: TOWN OF PORT WASHINGTON

It is hereby agreed between the undersigned, as owner, and their agent, and the Town of Port Washington, that in consideration of the issuance of a permit for the installation of plumbing work as described above, to be issued and granted by the Plumbing Inspector, that the work done thereon will be done in accordance with the Ordinances of the Town of Port Washington and State Plumbing Code, and that all lawful orders of the Plumbing Inspector will be complied with. In the event of a re-inspection is necessary, a \$50 fee will be charged for each re-inspection. All fees must be paid before occupancy permit is issued.

APPLICANT/AGENT _____ SIGNATURE _____

Please return one signed copy to Town Clerk or Building Inspector, and retain one copy for your records.

For Office Use:

Amt Rec'd \$ _____ CK# _____ Rec'd By _____ Date _____