## UNIFORM **PLUMBING PERMIT**

Application

Droject Location

Mailing Address	Phone # with area code	
Contractor's Mailing Address	Phone # with area code	
Contractor's email or Fax # with area code		
	Contractor's Mailing Address	

## SCHEDULE OF INSPECTION FEES

NEW 1 & 2 FAMILY O	NLY						FEE
Base Fee				\$50.00		\$50.00	
Plus\$.05/Sq. Ft <mark>.</mark>					. Ft.	\$	
· · · •						Total \$	
COMMERCIAL, ADDIT	IONS, REPL	ACEMENTS, M	IODIFICA	TIONS AND MISCELLANEOUS	ITEMS		
	EACH	QUANTITY	FEE		EACH	QUANTITY	FEE
1. Automatic Washer	\$8.00			21. Hot Tub, Spa, Whirlpool	\$12.00		
2. Sink	\$8.00			22. High Pressure Boiler	\$25.00		
3. Dishwasher	\$8.00			23. Other Fixtures Not Listed	\$8.00		
4. Garbage Disposal	\$8.00			24. Sanitary Building Drain			
5. Water Closet	\$8.00			First 75 Feet	\$25.00		
6. Shower	\$8.00			Over 75 Feet	\$.35/Ft.		
7. Lavatory	\$8.00			25. Storm Building Drain			
8. Laundry Tray	\$8.00			First 75 Feet	\$25.00		
9. Urinal	\$8.00			Over 75 Feet	\$.35/Ft.		
10. Bath Tub	\$8.00			28. Water Service			
11. Drinking Fountain	\$8.00			First 100 Ft. Lateral	\$25.00		
12. Floor Drain	\$8.00			Over 100 Ft. Lateral	\$.35/Ft.		
13. Sill cock/Hose bib	\$8.00			29. Sanitary Building Sewer			
14. Water Heater	\$8.00			First 100 Ft. Lateral	\$25.00		
15. Wash Fountain	\$8.00			Over 100 Ft. Lateral	\$.35/Ft.		
16. Sump Pump	\$8.00			30. Storm Building Sewer			
17. Ejectors or Pumps	\$8.00			First 100 Ft. Lateral	\$25.00		
18. Water Softener	\$8.00			Over 100 Ft. Lateral	\$.35/Ft.		
19. Iron Filter/Water Cond.	\$8.00			<b>31.</b> Extension of House Drain Where Fixtures Already installed	\$25.00		
20. Backflow Prevent. Dev.	\$8.00			Total 1 thro	ugh 31=	\$	

Double fee will be charged if work started without permit

ase	Permit	Fee	+ <u>\$50</u>
ase	Permit	Fee	+ \$5

Reinspection may be charged a reinspection fee of \$50

TOTAL \$

## All work must be inspected before concealing in walls, floors, or ceilings.

Building Inspector	The applicant agrees to comply with the Municipal Ordinances, State of		0 0			
Jeremy Pfeifer	with the conditions of this permit; understands that the issuance of the	•	0 1			
Cert. #: 1293974	expressed or implied, of the Department, Municipality, Agency, or Inspe information is accurate.	ector; and o	certifies that all of the above			
Office: 262-629-1774	Make check payable to Town of Barton. Mail check and application to Town.					
Cell: 262-689-7346	Have address and permit # if available when requesting an inspe					
Email:	to request an inspection. Please give at least 24 hour notice for i	inspectio	ns.			
jeremy@jpbuildinginspections.com		-				
Signature of Applicant (Plumber		Date				

SUBMIT WHITE AND YELLOW COPIES ONLY-RETAIN PINK COPY AS PERMIT