

Call (262) 544-8280 or  
1-800-422-5220  
INDEPENDENT  
INSPECTIONS, LTD.  
ILHR 20-06(a)3

# UNIFORM PLUMBING PERMIT APPLICATION

PERMIT NO. \_\_\_\_\_

TAX KEY # \_\_\_\_\_

## ISSUING MUNICIPALITY

TOWN     VILLAGE     CITY

**PROJECT LOCATION**  
(Building Address)

OF \_\_\_\_\_

**PROJECT DESCRIPTION**

COMMERCIAL     ONE & TWO FAMILY

Owner's Name \_\_\_\_\_ Mailing Address - Include City & Zip \_\_\_\_\_ Telephone - Include Area Code \_\_\_\_\_

Contractor's Name (Lic. No.) \_\_\_\_\_ Mailing Address - Include City & Zip \_\_\_\_\_ Telephone - Include Area Code \_\_\_\_\_

Estimated Cost \_\_\_\_\_ Bonding/Insurance Company \_\_\_\_\_ Master Plumber's License Number \_\_\_\_\_

## SCHEDULE OF INSPECTION FEES

**EACH    COUNT    FEE**

### NEW BUILDING/ADDITION

Base Fee .....	\$35.00		
Plus .....	.03/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

Commercial Buildings with less than 10 fixtures ... Base fee Plus line Items Below

SQUARE FOOTAGE FEE DOES NOT INCLUDE LATERALS. All laterals must be listed below.

## REPLACEMENT, MODIFICATIONS AND MISC. ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	5.00			24. Sanitary Building Drain			
2. Sink	5.00			First 75 Feet	10.00		
3. Dishwasher	5.00			Over 75 Feet	.35/ft.		
4. Garbage Grinder	5.00			25. Storm Building Drain			
5. Water Closet	5.00			First 75 Feet	10.00		
6. Shower	5.00			Over 75 Feet	.35/ft.		
7. Lavatory	5.00			26. Manhole	10.00		
8. Laundry Tray	5.00			27. Catch Basin	5.00		
9. Urinal	5.00			28. Water Service			
10. Bath Tub	5.00			First 100 Ft. Lateral	25.00		
11. Hot Tub, Spa, Whirlpool	10.00			Over 100 Ft. Lateral	.35/ft.		
12. High Pressure Boiler	25.00			29. Sanitary Building Sewer			
13. Drinking Fountain	5.00			First 100 Ft. Lateral	25.00		
14. Floor Drain	5.00			Over 100 Ft. Lateral	.35/ft.		
15. Sight Drain	5.00			30. Storm Building Sewer			
16. Sillcock	2.00			First 100 Ft. Lateral	25.00		
17. Water Heater	5.00			Over 100 Ft. Lateral	.35/ft.		
18. Wash Fountain	5.00			31. Extension of House Drain			
19. Sump Pump	5.00			Where Fixtures			
20. Ejectors or Pump	5.00			Already Installed	25.00		
21. Water Softener	5.00			32. Other _____			
22. Storm Sewer Conductor	5.00			_____			
23. Backflow Prevention Device	5.00			_____			

Minimum Permit Fee.....\$25.00  
 Reinspection Fee.....\$25.00 each  
 Failure to call for inspection.....\$25.00 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. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Plan Review Fee _____	CK# _____	Permit expires two years from date issued unless otherwise noted below:	<b>CONDITIONS OF APPROVAL</b> This permit is issued pursuant to the attached conditions. Name _____ Date _____ Certification No. _____
Inspection Fee _____	Date _____		
Administration Fee _____	From _____		
Other _____	_____		
Total _____	Rec By. _____		