Town of Sugar Creek
N6641 C Rd H
PO Box 287
Elkhorn, Wi 53121

Plumbing Inspections
Harold (262)422-3406
Vince (262) 352-4433

PERMIT NO.
TAX KEY #
Attached with Building Permit #

PLUMBING Permit Application

Project Address:		
Project Discription:		
Commercial	One & Two Family	ESTIMATED COST

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
E-MAIL ADDRESS	CONTRACTOR REGISTRATION NUMBER	LICENSE NUMBER

SCHEDULE OF PERMIT FEES

BASE FEE ON ALL NEW BUILDING, ADDITIONS & REMODELS **$65.00**

Plus $ .06 per sq.ft. for all areas..... sq.ft Fee $

Total $

OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

	Each	Count	Fee		Each	Count	Fee
1 Automatic Washer	6.00			25 Fire Suppression Systems			
2 Sink	6.00			Restaurant Stoves, Fryers, Broil	15.00		
3 Garbage Grinder	6.00			26 Sanitary Building Drain			
4 Dishwasher	6.00			First 75 Feet	25.00		
5 Lavatory	6.00			Over 75 Feet	.35/ft		
6 Water Closet/Urinal	6.00			27 Storm Building Drain			
7 Bath Tub	6.00			First 75 Feet	15.00		
8 Hot Tub, Spa, Whirlpool	10.00			Over 75 Feet	.35/ft		
9 Shower	6.00			28 Manhole	10.00		
10 Drinking Fountain	6.00			29 Catch Basin	6.00		
11 Floor Drain/Sight Drain	6.00			30 Water Service			
12 Sillcock	6.00			First 100 Ft Lateral	60.00		
13 Laundry Tray	6.00			Over 100 Ft Lateral	.35/ft		
14 Wash Fountain	6.00			31 Sanitary Building Sewer			
15 Ejectors & Sump Pump	6.00			First 100 Ft Lateral	50.00		
16 Water heater	6.00			Over 100 Ft Lateral	.35/ft		
17 Water softener	6.00			32 Storm Building Sewer			
18 Storm Sewer Conductor	6.00			First 100 Ft Lateral	50.00		
19 Backflow Prevention Device	6.00			Over 100 Ft Lateral	.35/ft		
20 Storm Water Conductor	6.00			33 Septic Abandonment	35.00		
21 Sprinkler Heads (.10 each) minimur	15.00			34 **Extension of existing**			
22 Fire Hose Rack	6.00			**drain branches, vents & water**	25.00		
23 Fire Department Connection	6.00			35 Other_____			
24 Hydrant	6.00				25.00		

Minimum Permit Fee **$65.00 Each**
Reinspect Fee $65.00 Each
Failure to Call for inspection $65.00 Each

Total Fees $ _____

*****DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED*****

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the 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 of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-352-4433. Give at least 24 hours notice on all inspections.

Signature of Applicant_____ Date_____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee $_____	Ck #_____	**Permit Expires**	Name_____
If you would like a copy of the	Date_____	**90 Days** from date	
permit, please send a stamped	From_____	unless otherwise	Date_____
self addressed envelope.	_____	noted	
	Rec. By_____	**NO REFUNDS ON PERMITS**	Certification #_____