

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		

Base Permit Fee

\$65.00 Each

Add base fee if not already added

Reinspect Fee

\$65.00 Each

Total Fees w/ base fee \$

Failure to Call for inspection

\$65.00 Each

*****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 \$ _____

If you would like a copy of the
permit, please send a stamped
self addressed envelope.

Ck # _____

Date _____

From _____

Rec. By _____

**Permit Expires
90 Days from date
unless otherwise
noted**

NO REFUNDS ON PERMITS

Name _____

Date _____

Certification # _____