



Town of Mukwonago
 W320 S8315 Beulah Road
 Mukwonago WI 53149

Plumbing Inspections
 call (262) 363-2063
 Fax (262) 363-1520

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

PLUMBING Permit Application

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	

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

SCHEDULE OF INSPECTION FEES

BASE FEE	\$35.00						
NEW BUILDING, ADDITIONS, REMODELING	<table border="1"> <tr> <td>SQUARE FEET</td> <td>COST PER SQ. FT.</td> <td></td> </tr> <tr> <td>_____ sq ft</td> <td>\$.04/sq.ft. for all areas</td> <td>\$ _____</td> </tr> </table>	SQUARE FEET	COST PER SQ. FT.		_____ sq ft	\$.04/sq.ft. for all areas	\$ _____
SQUARE FEET	COST PER SQ. FT.						
_____ sq ft	\$.04/sq.ft. for all areas	\$ _____					

OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

	Each	Count	Fee		Each	Count	Fee
1 Automatic Washer	6.00	_____	_____	25 Fire Suppression Systems			
2 Sink/dishwasher	6.00	_____	_____	Restaurant Stoves, Fryers, Broilers	15.00	_____	_____
3 Garbage Grinder	6.00	_____	_____	26 Sanitary Building Drain			
4 Water Closet/Urinal	6.00	_____	_____	First 75 Feet	25.00	_____	_____
5 Shower/Lavatory	6.00	_____	_____	Over 75 Feet	.35/ft	_____	_____
6 Laundry Tray	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 High Pressure Boiler	25.00	_____	_____	28 Manhole	10.00	_____	_____
10 Drinking Fountain	6.00	_____	_____	29 Catch Basin	6.00	_____	_____
11 Floor Drain/Slight Drain	6.00	_____	_____	30 Water Service			
12 Sillcock	6.00	_____	_____	First 100 Ft Lateral	60.00	_____	_____
13 Water heater	6.00	_____	_____	Over 100 Ft Lateral	.35/ft	_____	_____
14 Wash Fountain	6.00	_____	_____	31 Sanitary Building Sewer			
15 Sump Pump	6.00	_____	_____	First 100 Ft Lateral	50.00	_____	_____
16 Ejectors or Pump	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 Plan Review	15.00	_____	_____	33 Extension of House Drain			
21 Sprinkler Heads (.10 each) minimum	15.00	_____	_____	Where Fistures	25.00	_____	_____
22 Fire Hose Rack	6.00	_____	_____	Already Installed	35.00	_____	_____
23 Fire Department Connection	6.00	_____	_____	34 Septic Abandonment	25.00	_____	_____
24 Hydrant	6.00	_____	_____	35 Other _____			

Minimum Permit Fee \$35.00 Each
 Reinspect Fee \$35.00 Each
 Failure to Call for inspection \$35.00 Each

TOTAL \$ _____

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 requeston inspections. Call 262-363-2063. 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 # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days from date unless otherwise noted below	Name _____ Date _____ Certification # _____
NO REFUNDS ON PERMITS			