



PLUMBING PERMIT APPLICATION

Location: _____

Application #: _____

Owner/Builder: _____

Commercial _____ Residential _____

Address: _____

Single Family _____ Multi-family _____

City: _____ State: _____ Zip: _____

Plumbing Contractor: _____

Master Plumber: _____

Address: _____

License #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

<u>ITEM</u>	<u>COUNT</u>	<u>ITEM</u>	<u>COUNT</u>
Clothes Washer	# _____ @ \$7.00	Water Meter	# _____ @ \$7.00
Bathtub/Shower	# _____ @ \$7.00	Floor Drain	# _____ @ \$7.00
Water Closet	# _____ @ \$7.00	Manhole/Catch Basin	# _____ @ \$20.00
Urinal	# _____ @ \$7.00	Roof Drain	# _____ @ \$10.00
Lavatories	# _____ @ \$7.00	Sanitary Sewer Connection	# _____ @ \$30.00
Res. Sink	# _____ @ \$7.00	Storm Sewer System	# _____ @ \$30.00
Comm. Sink	# _____ @ \$7.00	Water Service	# _____ @ \$30.00
Dishwasher	# _____ @ \$7.00	Backflow Preventer	# _____ @ \$20.00
Disposal Unit	# _____ @ \$7.00	Grease Interceptor	# _____ @ \$30.00
Drinking Fountain	# _____ @ \$7.00	Fire Sprinkler System	# _____ @ \$25.00
Service Sink	# _____ @ \$7.00	Fire Sprinkler Heads	# _____ @ \$.25
Sill Cock	# _____ @ \$7.00	Well Permit	# _____ @ \$30.00
Water Heater	# _____ @ \$7.00	Capping of Water/Sewer	# _____ @ \$20.00
Water Softener	# _____ @ \$7.00	Additional Water Meters	# _____ @ \$20.00
		Permit Fee	# <u>1</u> @ \$50.00

Total Fee: \$ _____

Utility Information

Water Service Size: _____

Water Service Material: _____

Water Meter Size: _____

Sewer Service Size: _____

Sewer Service Material: _____

The applicant certifies that all of the above information is true and correct, and agrees to do the work described according to the information given, the plans and specifications filed, and to be in full compliance with all applicable laws, codes, rules and regulations of the City of Beloit and the State of Wisconsin. This permit is good for one (1) year; deadlines contained therein are always subject to any shorter deadline contained in an order imposed by the Department of Community Development. This permit authorizes only the work appearing on this form. Additional work will require additional permits.

Applicant's Signature: _____

Date: _____

Inspector's Signature: _____

Planning and Building Services (608) 364-6700 Date: _____ Cash: _____ Check: _____ Credit Card: _____