



City of Port Washington  
Department of Building Inspection

100 West Grand Avenue  
Port Washington, Wisconsin 53074  
262-268-4277 Fax 262-284-7669

# Permit Application

## Plumbing Permit

Job Location <i>(identify exact address)</i>		Zoning	Permit #
Owner's Name	Phone Number	Contact's Name <i>(When Relevant)</i>	Phone Number
Owner's Address <i>(If different from above)</i>		City	State Zip Code
Plumbing Contractor's Name	License Number	Contact's Name	Phone Number
Contractor's Address		City	State Zip Code

It is the responsibility of permit holder to arrange for appointment times when entry is available for the required inspections.  
**If the inspector cannot access work site or if work is not visible, a reinspection fees will be charged.**

Use of Building	Type of Work	Item	Qty	Fee	Amt.
<input type="checkbox"/> Residential	<input type="checkbox"/> New	Building Drains – Sanitary		\$25.00	
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Addition	Building Drains – Storm		\$25.00	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Alteration / Repair	Building Sewer - Sanitary		\$30.00	
Other _____		Building Sewer - Storm		\$30.00	
		Water Service		\$30.00	
		Water Service > 2"		\$40.00	

Department Notes	Plumbing Fixtures - As defined in COMM 82.11	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>\$7.00 ea.</b>	
	Automatic Washer	
	Bath Tub	
	Catch Basin	
	Conductors	
	Dish Washer	
	Dispensers	
	Disposal	
	Drinking Fountain	
	Floor Drain	
	Hose Bibs	
	Laundry Tray	
	Sewage Ejector	
	Shower Stall	
	Sinks	
Sump Pump		
Urinal		
Water Closet		
Water Heater		
Water Softener and/or connection		
Other:		

Approved By _____	Date _____	<b>Total Fixtures</b>	<b>\$7.00 each</b>
		Minimum Fee \$25.00	

I attest that the above information accurately describes the property and proposed work to be performed on it. I agree to comply with all City Of Port Washington and State of Wisconsin codes applicable to the occupancy and work stated above. I understand that any falsification or misinformation may result in penalties prescribed in the City of Port Washington ordinances.	<b>Total Permit Fee</b>
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No Final Inspection Requested..... \$25.00	Reinspection Fee.....\$25.00	Work Without Permit.....Double Fee
Applicants Signature _____		Date _____

**DO NOT FAX COMPLETED PERMIT APPLICATION**

*If returning application by mail, include 3 copies. If a copy of issued permit is needed include a stamped addressed envelope or fax number.*