



Permit Application Plumbing Permit

City of Port Washington
 Department of Building Inspection
 100 W Grand Ave – PO Box 307
 Port Washington, Wisconsin 53074
 262-268-4277 Fax 262-284-7669

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		\$45.00	
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Addition	Building Drains – Storm		\$45.00	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Alteration / Repair	Building Sewer - Sanitary		\$50.00	
Other _____		Building Sewer - Storm		\$50.00	
		Water Service		\$45.00	
		Water Service > 2"		\$50.00	

Department Notes	Plumbing Fixtures - As defined in SPS381.01		\$11.00 ea.
	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 _____	Total Fixtures		\$11.00 each
		Minimum Fee \$45.00		

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.	Total Permit Fee
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No Final Inspection Requested..... \$50.00	Reinspection Fee.....\$50.00	Work Without Permit.....Double Fee
Applicants Signature _____	Print Name _____	Date _____

DO NOT FAX COMPLETED PERMIT APPLICATION
If a copy of issued permit is needed include a stamped addressed envelope.