

	UNIFORM PLUMBING PERMIT APPLICATION	APPLICATION NO. _____ TAX KEY # _____
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TOWN OF BLOOMFIELD 1100 Townhall Road • P.O. Box 609 • Pell Lake, WI 53157	PROJECT LOCATION	
	PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY

Owner's Name _____	Mailing Address _____	Telephone, Include Area Code _____
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Owner's Name _____	Mailing Address _____	Telephone, Include Area Code _____
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Estimated Cost _____	License Number _____
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SCHEDULE OF INSPECTION FEES		EACH	COUNT	FEE
NEW BUILDING	BASE FEE	\$40.00	PLUS	
	Commercial Buildings with less than 10 fixtures...Base Fee Plus Line Items Below. SQUARE FOOTAGE FEE DOES NOT INCLUDE LATERALS. All laterals must be listed below.			
		.04/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	\$ 6.00	_____	_____	24. Sanitary Building Drain		_____	_____
2. Sink	6.00	_____	_____	First 75 Feet	\$ 15.00	_____	_____
3. Dishwasher	6.00	_____	_____	Over 75 Feet	.35/ft	_____	_____
4. Garbage Grinder	6.00	_____	_____	25. Storm Building Drain		_____	_____
5. Water Closet	6.00	_____	_____	First 75 Feet	\$ 15.00	_____	_____
6. Shower	6.00	_____	_____	Over 75 Feet	.35/ft	_____	_____
7. Lavatory	6.00	_____	_____	26. Manhole	\$ 15.00	_____	_____
8. Laundry Tray	6.00	_____	_____	27. Catch Basin	\$ 15.00	_____	_____
9. Urinal	6.00	_____	_____	28. Water Service		_____	_____
10. Bath Tub	6.00	_____	_____	First 100 Feet Lateral	\$ 30.00	_____	_____
11. Hot Tub, Spa, Whirlpool	15.00	_____	_____	Over 100 Feet Lateral	.35/ft	_____	_____
12. High Pressure Boiler	30.00	_____	_____	28. Sanitary Building Sewer		_____	_____
13. Drinking Fountain	6.00	_____	_____	First 100 Feet Lateral	\$ 30.00	_____	_____
14. Floor Drain	6.00	_____	_____	Over 100 Feet Lateral	.35/ft	_____	_____
15. Sight Drain	6.00	_____	_____	30. Storm Building Sewer		_____	_____
16. Sillcock	3.00	_____	_____	First 100 Feet Lateral	\$ 30.00	_____	_____
17. Water Heater	6.00	_____	_____	Over 100 Feet Lateral	.35/ft	_____	_____
18. Wash Fountain	6.00	_____	_____	31. Extension of House Drain\$ 25.00		_____	_____
19. Sump Pump	6.00	_____	_____	Where Fixtures Already Installed		_____	_____
20. Ejectors or Pump	6.00	_____	_____	32. Sprinkler Heads \$ 3.00		_____	_____
21. Water Softener	6.00	_____	_____	Not to exceed total cost of \$200.00		_____	_____
22. Storm Sewer Conductor	6.00	_____	_____			_____	_____
23. Backflow Prevention Device	6.00	_____	_____			_____	_____

Minimum Permit Fee \$40.00
 Reinspection Fee \$50.00 each
 Failure to call for Inspection \$50.00 each
DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, of the Department, Municipality, Agent or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call 262-215-3711. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ DATE _____

FEES:	RECEIPT	PERMIT EXPIRATION	PERMIT ISSUED BY MUNICIPAL AGENT
Plan Review Fee _____ Inspection Fee _____ Administration Fee _____ Other _____ Total _____	Check# _____ Date _____ From _____ Rec. By _____	Permit expires two years from date issued unless otherwise noted below:	CONDITIONS OF APPROVAL This permit is issued pursuant to the attached conditions. Name _____ Date _____ Certification No. _____