

**PLUMBING PERMIT APPLICATION**  
**6922 NICHOLSON ROAD CALEDONIA, WI 53108**  
**262-835-6435**

DATE : \_\_\_\_\_ PERMIT NO: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TOTAL ESTIMATE OF PLUMBING WORK: \$ \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

**FIXTURES & CONNECTIONS**  
 (NUMBER OF ITEMS THAT APPLY)

_____ Water Closets	_____ Hot Water Heaters	_____ Garbage Disposal
_____ Bath Tubs	_____ Dishwasher	_____ Catch Basin
_____ Sinks	_____ Urinals	_____ Bar Connection
_____ Laundry Trays	_____ Showers	_____ Water Softener
_____ Floor Drains	_____ Storm Sump	_____ Other
_____ Wash Basin	_____ Sanitary Sump	_____ Sill Cocks
_____ Wash Machine Box	_____ Grease Trap	_____ R P Valve
_____ Automatic Air Admittance Valve		

# _____ of fixtures @ \$14.00 per fixture	
Connection to main sewer, holding tank/mound \$75 plus \$.55 per ft. for each ft over 100 ft	
Water service connection @ \$75 plus \$.55 per ft. for each ft over 100 ft	
Storm sewer installation \$75 plus \$.55 per ft. for each ft over 100 ft	
Building sewer abandonment @ \$57.00	
Septic Tank abandonment @ \$57.00	
Well abandonment or registration @ \$57.00	
Sanitary building drain @ \$57 plus \$.55 for each ft over 100 ft	
Storm building drain @ \$57 plus \$.55 for each ft over 100 ft	
<b>TOTAL FEE:</b>	

**MINIMUM FEE: \$57.00** *With exception for water heater replacement which shall be @25.00*

**REINSPECTIOIN FEE: \$125.00**

*ALL FEES EFFECTIVE JANUARY 1, 2006*

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It is hereby agreed between the undersigned (as owner or agent) and the Village of Caledonia, that for and in consideration of the premises and of the permit for the execution of plumbing installation for pipes, drain, fixtures, etc. as above described, to be issued and granted by the inspector of buildings, that the work will be done in accordance with the descriptions set forth in this statement, and it is further agreed to alter or install same in strict compliance with the Ordinances of the Village of Caledonia, with Wisconsin Statutes and Administrative Code, and to obey any and all lawful orders of the Plumbing Inspector of the Village of Caledonia.

PLUMBERS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STATE OF WISCONSIN LICENSE#: \_\_\_\_\_ CONTRACTOR LICENSE#: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PLUMBING INSPECTOR

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