

PLUMBING PERMIT APPLICATION
5043 CHESTER LANE, RACINE WI 53402
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	
TOTAL FEE:	

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

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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