

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

b Location (identify exact address)					Zoning	Permit #		
Owner's Name	Phone Number		Contact's Na	me (When Ro	elevant)	Phone Nu	Phone Number	
Owner's Address (If different from above)	ove)		City		State	Zip Code	Zip Code	
Plumbing Contractor's Name	License Number		Contact's Name				Phone Number	
Contractor's Address			City		State	Zip Code	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			Q	ty Fee	Amt.	
		Building Drains – Sanitary				\$45.00		
Residential New	Build		ding Drains – Storm			\$45.00		
☐ Multi-Family ☐ Addition			ng Sewer - Sanitary			\$50.00		
Commercial Alteration	-		ling Sewer - Storm			\$50.00		
Other			Service			\$45.00		
		Water Service > 2"				\$50.00		
Department Notes			Plumbing Fixtures - As defined in				10.00 ea.	
			atic Washer					
-		Bath T						
			ch Basin					
		Condu						
				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 Soften		Softener and	and/or connection				
	Other:							
Approved By Date				Total Fixtu		\$10.00 each		
Minimum Fee \$4								
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.					nit Fee			
No Final Inspection Requested \$50.00 Reinspection Fee\$50.00				Work Without PermitDouble Fee				
Applicants Signature Print Name					Date			