

Village of North Prairie
 130 N. Harrison Street
 North Prairie, WI 53153

Plumbing Inspections
 call (262) 352-4433
 fax (262) 392-2936

PERMIT NO.
TAX KEY #
Attached with Building Permit #

PLUMBING PERMIT APPLICATION

PROJECT ADDRESS: _____
 PROJECT DESCRIPTION: _____

Commercial One and Two Family

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	CONTRACTOR REGISTRATION NUMBER	LICENSE NUMBER

SCHEDULE OF PERMIT FEES		Fee
BASE FEE ON ALL NEW BUILDING, ADDITIONS & REMODELS		\$50.00
<i>Plus \$.04 per sq.ft. for all areas.....</i>	sq.ft	Fee \$
Total		\$

OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

	Each	Count	Fee		Each	Count	Fee
1) Automatic Washer.....	\$ 5.00			20) Studor Vent.....	\$ 10.00		
2) Sink/Dishwasher.....	\$ 5.00			21) Water Lateral.....	\$ 40.00		
3) Disposal.....	\$ 5.00			22) Hydrant.....	\$ 5.00		
4) Water Closet.....	\$ 5.00			23) Backflow Device.....	\$ 5.00		
5) Shower.....	\$ 5.00			24) Sanitary Building Drain-			
6) Lavatory.....	\$ 5.00			First 75 ft.,	\$ 50.00		
7) Bath Tub.....	\$ 5.00			Over 75 ft.....	.35/ft.		
8) Laundry Tray.....	\$ 5.00			25) Storm Building Drain-			
9) Hot Tub/Whirlpool.....	\$ 10.00			First 75 ft.,	\$ 50.00		
10) Drinking Fountain.....	\$ 5.00			Over 75 ft.,35/ft.		
11) Urnal.....	\$ 5.00			26) Man Hole.....	\$ 30.00		
12) Floor Drain.....	\$ 5.00			27) Catch Basin.....	\$ 50.00		
13) Site Drain.....	\$ 5.00			28) Sanitary Bldg. Sewer-			
14) Sill Cock.....	\$ 5.00			First 100 ft.,	\$ 50.00		
15) Wash Fountain.....	\$ 5.00			Over 100 ft,50/ft.		
16) Water Heater.....	\$ 30.00			29) Storm Bldg. Sewer-			
17) Water Softner.....	\$ 30.00			First 100 ft.,	\$ 50.00		
18) Sump Pump.....	\$ 5.00			Over 100 ft,35/ft.		
19) Ejector Pump.....	\$ 5.00			30) Other.....			

Minimum Permit Fee \$50.00 Each
 Reinspect Fee \$35.00 Each
 Failure to Call for inspection \$35.00 Each

Total Fees \$ _____

*****DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED*****

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the permit: understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, agency or Inspector; and certifies that all of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-352-4433. Give at least 24 hours notice on all inspections.

Signature of Applicant _____ Date _____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee \$ _____ If you would like a copy of the permit, please include a stamped self addressed envelope.	Ck # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days from date unless otherwise noted below	Name _____ Date _____ Certification# _____

NO REFUNDS ON PERMITS