

Town of Genesee

S43W31391 HWY 83
Genesee Depot, WI 53127
Mailing address: P O Box 242
Genesee Depot, WI 53127

Plumbing Permit Application

For Inspections Call:
262-825-8820

Permit NO.

TAX KEY #

BUILDING PERMIT #

Project Location (Building Address)			
Project Description			
☐ COMMERCIAL		☐ ONE AND TWO FAMILY	

Owner's Name		Mailing Address - Include City & Zip		Telephone - Include Area Code	
Contractor's Name		Mailing Address - Include City & Zip		Telephone - Include Area Code	
Estimated Cost	Email	License Number			

SCHEDULE INSPECTION FEES		EACH	COUNT	FEE
NEW BUILDING	Base Fee.	\$100/\$150	_____	_____
	Plus (For All Areas). . . . Residential \$100.00	.08/Sq. Ft.	_____ Sq. Ft.	_____
	 Commercial \$150.00	.10/Sq. Ft.	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	8.00	_____	_____	25. Fire suppression Systems-			
2. Sink/Dishwasher	8.00	_____	_____	Restaurant Stoves, Fryers, Boilers	20.00	_____	_____
3. Garbage Grinder	8.00	_____	_____	26. Sanitary Building Drain			
4. Water Closet/Urinal	8.00	_____	_____	First 75 Feet	75.00	_____	_____
5. Shower/Lavatory	8.00	_____	_____	Over 75 Feet	.50/ft	_____	_____
6. Laundry Tray	8.00	_____	_____	27. Storm Building Drain			
7. Bath Tub	8.00	_____	_____	First 75 Feet	20.00	_____	_____
8. Hot Tub, Spa, Whirlpool	12.00	_____	_____	Over 75 Feet	.50/ft	_____	_____
9. High Pressure Boiler	30.00	_____	_____	28. Manhole	15.00	_____	_____
10. Drinking Fountain	8.00	_____	_____	29. Catch Basin	8.00	_____	_____
11. Floor Drain/Slight Drain	8.00	_____	_____	30. Water Service			
12. Sillcock	8.00	_____	_____	First 100 Ft. Lateral	75.00	_____	_____
13. Water Heater	8.00	_____	_____	Over 100 Ft. Lateral	.50/ft	_____	_____
14. Wash Fountain	8.00	_____	_____	31. Sanitary Building Sewer			
15. Sump Pump	8.00	_____	_____	First 100 Ft. Lateral	60.00	_____	_____
16. Ejectors or Pump	8.00	_____	_____	Over 100 Ft. Lateral	.50/ft	_____	_____
17. Water Softener	8.00	_____	_____	32. Storm Building Sewer			
18. Storm Sewer Conductor	8.00	_____	_____	First 100 Ft. Lateral	60.00	_____	_____
19. Backflow Prevention Device	8.00	_____	_____	Over 100 Ft. Lateral	.50/ft	_____	_____
20. Plan Review	20.00	_____	_____	33. Extension of House Drain			
21. Sprinkler Heads(15c ea.)MIN	20.00	_____	_____	Where Fixtures			
22. File Hose Rack	8.00	_____	_____	Already Installed	60.00	_____	_____
23. File Department Connection	8.00	_____	_____	34. Septic Abandonment	60.00	_____	_____
24. Hydrant	8.00	_____	_____	35. Other _____	30.00	_____	_____

Minimum Permit Fee..... Residential \$100.00 / Commercial \$175.00
Reinspect Fee..... \$125.00 Each
Failure to call for inspection..... \$125.00 Each
TRIPLE FEES ARE DUE IF WORK 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, express 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. Give at least 24 hour notice.

SIGNATURE OF APPLICANT _____		DATE _____	
FEES	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee _____	CK # _____ Date _____ From _____ Rec.By _____	Permit Expires 90 Days from date unless otherwise noted below: No refunds on permits and are non-transferable	Name _____ Date _____ Cert.No. _____
Total _____			