

TOWN OF OCONOMOWOC

W359 N6812 Brown Street Oconomowoc, WI 53066

For Inspection Call Phone: (262) 490-4141

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

A TOWN FOR A	PROJECT LOCATION (Building Address) PROJECT DESCRIPTION								
Plumbing Permit Application Sewer Conversion			COMMERC	□ COMMERCIAL □ ONE & TWO					
OWNER'S NAME		M	MAILING ADDRESS - INCLU	DE CITY & ZIP		TELE	PHONE - INCLUDE ARE	EA CODE	
CONTRACTOR'S NAME		M	IAILING ADDRESS - INCLU	DE CITY & ZIP		TELE	PHONE - INCLUDE ARE	EA CODE	
ESTIMATED COST	TIMATED COST BONDING/INSURANCE COMPANY					MASTER PLUMBER'S LICENSE NUMBER			
SCHEDULE OF INSPECTION FEES					EACH	C	COUNT FEE		
ADDITION,	Base Fee					Sq. Ft			
REMODELING					For All Areas		= = = = = = = = = = = = = = = = =		
REPLACEMENT, MOD	IFICATION	IS AND MISC	C. ITEMS		!				
	EACH	COUNT	FEE	1		EACH	COUNT	FEE	
 Automatic Washer Sink/Dishwasher 	10.00			25. Fire Suppress Restaurant St 26. Sanitary Build	oves, Fryers, Broilers	100.00		_	
 Garbage Grinder Water Closet/Urinal Shower/Lavatory 	10.00 10.00 10.00			First 75 Fe Over 75 F 27. Storm Buildin	eet	50.00 .50/ft.		_	
6. Laundry Tray7. Bath Tub8. Hot Tub, Spa, Whirlpool	10.00 10.00 40.00			First 75 Fe Over 75 F	et	50.00 .50/ff.		_	
 High Pressure Boiler Drinking Fountain 	25.00 10.00			28. Manhole 29. Catch Basin 30. Water Servic	I	10.00 6.00		_	
11. Floor Drain/Sight Drain12. Sillcock13. Water Heater	10.00 10.00 10.00			First 100 Ft. Lateral Over 100 Ft. Lateral 31. Sanitary Building Sewer		60.00 .50/ft.			
14. Wash Fountain15. Sump Pump16. Ejectors or Pump	10.00 10.00 10.00			First 100 F Over 100 32. Storm Buildin	Ft. Lateral	50.00 .50/ft.		_	
17. Water Softener18. Storm Sewer Conductor19. Backflow Prevention Device	10.00 10.00 10.00			First 100 Ft. Lateral Over 100 Ft. Lateral 33. Extension of House Drain Where Fixtures Already Installed 34. Septic Abandonment 35. Other		50.00 .50/ff.		_	
20. Plan Review 21. Sprinkler Heads (\$1.00 ea) MININ 22. Fire Hose Rack	50.00					50.00		_	
23. Fire Department Connection24. Hydrant						50.00 25.00			
Minimum Permit Fee Reinspect Fee Failure to call for inspection			\$50.00 Each \$50.00 Each		G	onnection F RINDER PUN		Yes 🗖 No	
The applicant agrees to compliability, express or implied, on umber and address when re	f the Departme	nt, Municipality, A	gency or Inspecto	r; and certifies that	at all the above infe				
SIGNATURE OF APPLICANT						DATE			
FEES:	FEES: RECEIPT		PERMIT EXPIRATION:		PERMIT I	SSUED B	Y MUNICIPA	AL AGENT:	
	Ck#			nit Expires	Name				
Inspection Fee	– Date From			rs from date noted below.	Date				
NO REFUNDS ON PERMITS					Certification No	o			

Rec. By _