

Village of Whitefish Bay
 5300 N Marlborough Dr.
 Whitefish Bay, WI 53217
 Phone 414-962-6690 Fax
 414-962-5651

Plumbing Permit

Permit # _____

Tax Key # _____

Project Address _____

Project Owner Name _____ Phone _____

Project Description _____

Contractor Name _____ Master # _____

Contractor Phone # _____ Email _____

Contractor Address _____

City, State, Zip _____

Signature of Applicant _____

Date _____

The applicant agrees to comply with the Municipal Ordinance and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied of the Department, Municipality, or Inspector; and certifies that the above information is accurate. Please have permit number and address when requesting inspections. Call 414-962-6690. Give at least 24 hours notice on all inspections. Permit expires per Chapter 11-1 I.

Schedule of Inspection Fees

Installation of Plumbing and Fixtures As Follows	Number	Fee	Total (Number x Fee)
1. Sink (kitchen, lavatory, bar, etc.)		10.00	
2. Dishwasher		10.00	
3. Garbage Disposal		10.00	
4. Water Closet		10.00	
5. Shower		10.00	
6. Bath Tub		10.00	
7. Hot Tub, Spa, Whirlpool		10.00	
8. Water Heater		10.00	
9. Sump Pump		10.00	
10. Laundry Tray/Box,		10.00	
11. Urinal		10.00	
12. Floor Drain, Sight Drain		10.00	
13. Lawn Sprinkler, Hose Bibb		10.00	
14. Water Softener		10.00	
15. Backflow Preventers		10.00	
16. Drinking Fountains		10.00	
17. Air Admittance Valve		5.00	
18. Grease Traps		10.00	
19. Man Holes		25.00	
20. Catch Basins		30.00	
21. Gas Piping		50.00	
22. Waste or Water Distribution Piping(above basement floor)		50.00	
23. Sanitary Sewer Size: _____ inch \$50 first 75 ft - 0.50/ft thereafter		50.00-.50/ft	
24. Storm Sewer Size: _____ inch \$50 first 75 ft - 0.50/ft thereafter		50.00-.50/ft	
25. Water Service Size: _____ inch \$50 first 75 ft - 0.50/ft thereafter		50.00-.50/ft	
26. Building Drain		50.00	
27. Other (please specify)		10.00	
28. Addition/Accessory Building <300 sq. ft.		50.00	
29. Addition/Accessory Building >300 sq. ft.		75.00	
30. New Building		125.00	

Minimum Permit Fee.....	\$65.00
Re-inspection Fee.....	\$50.00
Failure to call for inspection.....	\$50.00
Missed Appointment Fee.....	\$50.00

TOTAL		XXXX	\$
All Fees Non-Refundable			
4x/6x FEE FOR WORK STARTED PRIOR TO PERMIT ISSUANCE			

Conditions: _____

Permit Fee	Permit Issued By Municipal Agent	Permit Expires in:
	Name _____	6 Months <input type="radio"/>
	Date _____	18 Months <input type="radio"/>
	Certification # _____	24 Months <input type="radio"/>