

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

# Plumbing Permit

Permit  
 Number

Tax Key

**Project Address:** \_\_\_\_\_

Project Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Project Description \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Building Contractor Lic# \_\_\_\_\_

Contractor's Phone No. \_\_\_\_\_ Master Lic# \_\_\_\_\_

Contractor's 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. 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, Rule 1(8).

## Schedule of Inspection Fees

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Kitchen Sink	10.00	_____	_____	23. Sanitary Building Drain			
2. Dishwasher	10.00	_____	_____	First 75 Feet	50.00	_____	_____
3. Garbage Disposal	10.00	_____	_____	Over 75 Feet	.50/Ft.	_____	_____
4. Water Closet	10.00	_____	_____	24. Storm Building Drain			
5. Shower	10.00	_____	_____	First 75 Feet	50.00	_____	_____
6. Lavatory	10.00	_____	_____	Over 75 Feet	.50/Ft.	_____	_____
7. Bath Tub	10.00	_____	_____	25. Manhole	30.00	_____	_____
8. Hot Tub, Spa, Whirlpool	10.00	_____	_____	26. Catch Basin	25.00	_____	_____
9. Water Heater	10.00	_____	_____	27. Water Service			
10. Sump Pump	10.00	_____	_____	First 100 Ft. Lateral	50.00	_____	_____
11. Laundry Tray	10.00	_____	_____	Over 100 Ft. Lateral	.50/Ft.	_____	_____
12. Urinal	10.00	_____	_____	28. Sanitary Building Sewer			
13. Floor Drain	10.00	_____	_____	First 100 Ft. Lateral	50.00	_____	_____
14. Sight Drain	10.00	_____	_____	Over 100 Ft. Lateral	.50/Ft.	_____	_____
15. Sillcock	10.00	_____	_____	29. Storm Building Sewer			
16. Water Softener	10.00	_____	_____	First 100 Ft. Lateral	50.00	_____	_____
17. Storm Sewer Conductor	10.00	_____	_____	Over 100 Ft. Lateral	.50/Ft.	_____	_____
18. Backflow Preventor	10.00	_____	_____	30. Extension of House Drain			
19. Drinking Fountain	10.00	_____	_____	Where Fixtures			
20. AAV	10.00	_____	_____	Already Installed	40.00	_____	_____
21. Grease Traps	25.00	_____	_____	31. Other _____	10.00	_____	_____
22. Repiping	50.00	_____	_____				

Water calculations required for new home and fixtures added to existing homes.

<b>Minimum Permit Fee</b>	<b>\$55.00</b>	<b>Fixture Count from above</b>	_____	_____	_____
Re-inspection Fee	\$50.00	Addition/Accessory Structure <300 sq. ft.	\$50.00	_____	_____
Failure to call for inspectio	\$50.00	Addition/Accessory Structure ≥300 sq. ft.	\$75.00	_____	_____
Missed Appointment Fee	\$50.00	New Principle Structure	\$125.00	_____	_____

**\*\* 4 X Fee for work started prior to permit      Fees Non-Refundable      Total** \_\_\_\_\_

Conditions \_\_\_\_\_

Permit Fee	Permit Issued By Municipal Agent	Permit Expires in:
	Name _____	6 Months <input type="radio"/>
	Date _____	18 Months <input type="radio"/>
	Certification No. _____	24 Months <input type="radio"/>