Town of Concord — Plumbing Permit Application

Mail To: PO BOX 25 OKAUCHEE WI 53069
Make Check Payable to: WIA or Wisconsin Inspection Agency
Call for Inspections: 262-490-0513

Permit No

☐ Residential ☐ Commercial

Project Location Building address

Project Description

Owner's Name	Mailing Address, City & Zip	Telephone & Area Code

Contractor's Name	License No	Mailing Address, City & Zip	Telephone & Area Code

Estimated Cost of Project:_____

New Building/Addition/Remodel	$ 50.00		$ -
Plus $.03 / Sq. Ft. for all areas.....	$ 0.03		$ -

ALL OTHER PROJECTS

	EACH	NO.	FEE
1. Automatic Washer`.....	$ 6.00		$ -
2. Sink.....	$ 6.00		$ -
3. Disposal.....	$ 6.00		$ -
4. Water Closet.....	$ 6.00		$ -
5. Shower.....	$ 6.00		$ -
6. Lavatory.....	$ 6.00		$ -
7. Laundry Tray.....	$ 6.00		$ -
8. Bath Tub.....	$ 6.00		$ -
9. Hot Tub, Whirl Pool.....	$ 50.00		$ -
10. Drinking Fountain.....	$ 6.00		$ -
11. Urinal.....	$ 6.00		$ -
12. Floor Drain.....	$ 6.00		$ -
13. Sight Draint.....	$ 6.00		$ -
14. Sill Cock.....	$ 6.00		$ -
15. Wash Fountain.....	$ 6.00		$ -
16.Water Heater.....	$ 6.00		$ -
17. Water Softner.....	$ 6.00		$ -
18. Sump Pump.....	$ 6.00		$ -
19. Ejector or Pump.....	$ 6.00		$ -
20. Back Flow Device.....	$ 6.00		$ -
Column Total----------			$ -

	EACH	QUANTITY	FEE
21. Sanitary Building Drain, first 75 ft.....	$ 25.00		$ -
- Over 75 ft., $.35 / Sq. Ft.....	$ 0.35		$ -
22. Storm Building Drain.....	$ 25.00		$ -
- Over 75 ft., $.35 . Sq. Ft.....	$ 0.35		$ -
23. Man Hole.....	$ 15.00		$ -
24. Catch Basin.....	$ 25.00		$ -
25. Sanitary Bldg. Sewer, First 100 Ft.....	$ 25.00		$ -
- Over 100 ft., $.35 / Sq. Ft.....	$ 0.35		$ -
26. Storm Bldg. Sewer, First 100 Ft.....	$ 25.00		$ -
- Over 100 ft., $.35 / Sq. Ft.....	$ 0.35		$ -
27. Other_____.....	$ -		$ -
Column Total----------			$ -

Sub Total $ -
Other
TOTAL FEE $ -

Minimum Permit Fee $50.00 | Reinspection Fee $50.00 | Failure to call for Inspection $50.00

DOUBLE FEES ARE APPLIED IF WORK IS STARTED WITHOUT A PERMIT

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, agency, municipality or inspector; and certifies that all above information is correct

Permits Expire two years from issue date

Conditions of approval:

Signature of Applicant _____ ***Date*** _____

For Office Use Only

Check # _____
Date _____
Rcvd By _____
NO REFUNDS ON PERMITS

Building Inspector's Approval

Signature _____
Date _____

FEES

Building_____
WI Seal_____
Electric_____
Plumbing_____
HVAC_____
Other_____

Note: