Town of Ottawa **PLUMBING**

Permit No

Tax Key #

☐ Residential ☐ Commercial

Mail To: Town of Ottawa, W360 S3337 Hwy 67, Dousman, WI 53118

Make Check Payable to: Town of Ottawa

Phone 262-490-0513

Permit Application

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

Schedule of Inspection Fees	**EACH**	**$.04/Sq. Ft.**	**FEE**
		All Areas	
New Building	$ 50.00		
Addition	$ 50.00		
Remodel	$ 50.00		

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	$ 10.00		
11. Urinal	$ 10.00		
12. Floor Drain	$ 6.00		
13. Sight Draint	$ 6.00		
14. Sill Cock	$ 6.00		
15. Wash Fountain	$ 10.00		
16.Water Heater	$ 50.00		
17. Water Softner	$ 50.00		
18. Sump Pump	$ 6.00		
19. Ejector or Pump	$ 6.00		
20. Back Flow Device	$ 6.00		
Column Total----------			

	EACH	NO.	FEE
21. Sanitary Building Drain, first 75 ft.	$ 30.00		
- Over 7 75ft., $.50/sq. ft.	$ 0.40		
22. Storm Building Drain	$ 30.00		
-Over 75ft., $.50/sq. ft.	$ 0.40		
23. Man Hole	$ 40.00		
24. Catch Basin	$ 30.00		
25. Sanitary Bldg. Sewer, First 100 Ft.	$ 30.00		
-Over 100 ft., $.50/sq. ft.	$ 0.40		
26. Storm Bldg. Sewer, First 100 Ft.	$ 30.00		
- Over 10 00ft., $.50/sq.ft.	$ 0.40		
27. Studor Vent	$ 15.00		
28. Other_____	$ 60.00		
Column Total----------			

Sub Total _____

Other _____

TOTAL FEE _____

Minimum Permit Fee $50.00	Reinspection Fee $75.00	Failure to call for Inspection $75.00

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

Give at least 24 hours notice on all inspections and have address when requesting inspection

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

For Office Use Only

Check # _____

Date _____

Rcvd By _____

Building Inspector's Approval

Signature _____

Date _____

NO REFUNDS ON PERMITS

Note:

FEES

Building_____

WI Seal_____

Electric_____

Plumbing_____

HVAC_____

Other_____

White - Municipal Yellow - Applicant Pink - Municipality

WIA 2024