



PLUMBING PERMIT APPLICATION

NSInspectionServices@gmail.com

PERMIT NO: _____

To Schedule Inspection, Call:

PP _____

262-901-8771

4800 W. Green Brook Dr.
Brown Deer, WI 53223

One & Two Family

Commercial

Project Address:				Estimated Cost of Job:			
Description of Work:				\$			
Owner:			Owner Telephone:				
Occupant/Tenant:			Occupant/Tenant Telephone:				
CONTRACTOR:			Contractor Telephone:				
Address:			MASTER PLUMBER: (Signature)				
City:		State:	Zip Code:	Print Name:			
Contractor No:		Expires:		Master Plumber No:		Expires:	

**Schedule Of Inspection Fees
New Plumbing, Replacement And Modifications Of Equipment and Miscellaneous Items**

	ITEM	COUNT	EACH	FEE		ITEM	COUNT	EACH	FEE
1.	Backflow Preventer		\$ 6.00		24.	Whirlpool Tub		\$ 6.00	
2.	Bath Tub/Shower		\$ 6.00		25.	Sanitary Building Drain			
3.	Dishwasher		\$ 6.00			First 100 Feet		\$ 30.00	
4.	Drinking Fountain		\$ 6.00			Over 100 feet		\$.35/ft	
5.	Ejectors or Pump		\$ 6.00		26.	Storm Building Drain			
6.	Faucets/Mixer Values		\$ 6.00			First 100 Feet		\$ 30.00	
7.	Floor Drain		\$ 6.00			Over 100 feet		\$.35/lf	
8.	Garbage Disposal		\$ 6.00		27.	Manhole		\$ 10.00	
9.	Grease Trap		\$ 6.00		28.	Catch Basin		\$ 10.00	
10.	Hose Bibb		\$ 6.00		29.	Water Service			
11.	Laundry Sink/Tub/Utility		\$ 6.00			First 100 Ft. LATERAL		\$ 30.00	
12.	Mop/Slop Sink		\$ 6.00			Over 100 Ft. LATERAL		\$.35/lf	
13.	Sinks—Bath/Kitchen/Bar		\$ 6.00		30.	Sanitary Building Sewer			
14.	Site Drain		\$ 6.00			First 100 Ft. LATERAL		\$ 30.00	
15.	Storm Sewer Conductor		\$ 6.00			Over 100 Ft. LATERAL		\$.35/lf	
16.	Urinal		\$ 6.00		31.	Storm Building Sewer			
17.	Wash Fountain		\$ 6.00			First 100 Ft. LATERAL		\$ 30.00	
18.	Washing Machine/Washer Box		\$ 6.00			Over 100 Ft. LATERAL		\$.35/lf	
19.	Water Closet/Toilet		\$ 6.00		32.	Residential Fire Sprinkler Systems		\$ 30.00	
20.	Water Heater - GAS		\$ 6.00		33.	OTHER Fixtures		\$ 6.00	
21.	Water Heater - ELECTRIC		\$ 6.00		RE-INSPECTION FEE			\$ 70.00	
22.	Water Softener		\$ 6.00		MINIMUM PERMIT FEE			\$ 70.00	
23.	Water Treatment Device		\$ 6.00		Double Fee			\$	
DOUBLE FEES FOR WORK STARTED BEFORE OBTAINING A PERMIT							TOTAL PERMIT FEE		\$

FINAL INSPECTIONS ARE MANDATORY. Please have permit number and address when requesting inspections. Please give at least 24 hours notice.

The applicant agrees to comply with all 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, municipality, agency or inspector, and certifies that all the above information is accurate. Failure to comply may result in suspension or revocation of this permit or other penalty. Plumbing plans and specifications of the fixtures to be installed in a new or remodeled building shall be submitted with this application in accordance with SPS 382.20 of the State of Wisconsin plumbing code.

Signature Of Applicant: _____ **Date:** _____