

Roger Kison, Building Inspector
Town of Port Washington
 3715 Highland Drive
 Port Washington, WI 53074
 414-333-4511

Permit # _____
Date: _____
Tax Key # _____
 (Required)

PLUMBING PERMIT

Owner _____ Contractor _____
 Job Address _____ Contractor Address _____
 Residential _____ Commercial _____ Industrial _____ Phone # _____
 (circle one) MP# _____

NEW CONSTRUCTION			
Sinks _____	Floor Drains _____	Garbage Disposal _____	
Wash Basins _____	Sanitary Bubbler _____	Bar Connection _____	
Bath Tubs/Spas _____	Dish Washer _____	Sump Pump _____	
Water Closets _____	Urinals _____	Sanitary Pump _____	
Laundry Tubs _____	Showers _____	Hose Bibs _____	
Water Heater _____	Well Connections _____	Water Filters _____	
Water Softener _____	Catch Basin _____	Other _____	
REPLACEMENT		TOTAL NEW FIXTURES _____	
WATER HEATER	WATER SOFTENER	@ \$8-each _____	
GAS-\$50	\$50	INSIDE SEWER FEE _____ \$20.00	
ELECTRIC-\$50	OTHER _____	BASE PERMIT FEE _____ \$50.00	
		TOTAL PERMIT FEE: _____	

Sprinkler System: \$0.30/ per head
 \$30 for Main, first 100 ft.

ALL FEES PAYABLE TO: TOWN OF PORT WASHINGTON

It is hereby agreed between the undersigned, as owner, and their agent, and the Town of Port Washington, that in consideration of the issuance of a permit for the installation of plumbing work as described above, to be issued and granted by the Plumbing Inspector, that the work done thereon will be done in accordance with the Ordinances of the Town of Port Washington and State Plumbing Code, and that all lawful orders of the Plumbing Inspector will be complied with. In the event of a re-inspection is necessary, a \$50 fee will be charged for each re-inspection. All fees must be paid before occupancy permit is issued.

APPLICANT/AGENT _____ SIGNATURE _____

Please return one signed copy to Town Clerk or Building Inspector, and retain one copy for your records.

For Office Use:

Amt Rec'd \$ _____ CK# _____ Rec'd By _____ Date _____