



APPLICATION FOR PLUMBING PERMIT

Planning & Development Department
 3930 N. Murray Avenue, Shorewood, WI 53211
 Phone (414) 847-2640
www.villageofshorewood.org
pad@shorewoodwi.gov

Rough and Final inspections are required on all work covered by this permit
 Permits are Valid for four (4) Months
Inspections Monday – Thursday 9 a.m. – 3:00 p.m.; Friday 9 a.m. – 11 a.m.

OFFICE USE ONLY
PERMIT #
APPROVAL DATE

Job Address:	Building Type:
Job Location:	Cost of Job:
Job Description:	

Owner's Information/Occupant's Information	Contractor's Information
Name	Name
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Email	Email
	MP License #

\$10.00 each installed/replaced	Qty.	Total	Additional Work Description	Rate	Qty.	Total
Air admittance valve *			Sanitary & Storm Sewers – Private			
Auto washer connection			First 100 ft. or fraction thereof	\$65.00		
Backflow device			Over 100 ft. – per foot	\$0.50/ft. ea	ft.	
Bathtub			Sanitary & storm sewer - Main to lot line			
Catch basin/manhole			Minimum	\$65.00		
Conductor			Over 100 ft. – per foot	\$0.50/ft. ea	ft.	
Dishwasher**			Water Service – Private			
Disposal**			First 100 ft. or fraction thereof	\$65.00		
Downspout connection NO FEE			Over 100 ft. – per foot	\$0.50/ft. ea	ft.	
Drain – other than building			Water service - Main to lot line			
Drinking fountain			Minimum	\$65.00		
Ejector**			Over 100 ft. – per foot	\$0.50/ft. ea	ft.	
Floor drain			Sanitary and Storm Drain			
Grease trap			Each	\$65.00		
Hose bib			Over 100 ft. – per foot	\$0.50/ft. ea	ft.	
Ice maker			Cap Sanitary/Storm/Water	\$65.00		
Laundry tray/Service sink			Sprinkler System connection charge	\$65.00		
Roof drain			Water distribution New Replace	\$65.00		
Sanitary cut-in			Subtotal (2)			
Shower stall			Additional Charges			
Sink – kitchen, lavatory, bar			Re-inspection Fee		\$50.00	
Site drain			Failure to arrange a final inspection within 15 days of completion		\$50.00	
Sump**			Final Charges			
Urinal			Subtotal 1 + 2			
Water Closet			Or Minimum Fee			\$75.00
Water Heater – gas**/electric***			3x Total Fee		Y N	+
Other (PLEASE EXPLAIN):			Total Fee			\$
Subtotal (1)						

* **Test Required**
 ** Code gas & water valves required
 *** Name of Electrical Contractor _____

Contractor's Signature _____ Date _____