Paid on _____ / ____ by Cash ____ or Check #_____ Amount _____ Scan ___ Excel ___ QB ____

PLUMBING PERMIT APPLICATION



Town of Trenton Attn: Building 1071 St Hwy 33E West Bend, WI 53095

PLUMBING PERMIT NUMBER

DATE		F	PERMIT #		U.D.C. PERN		U.D.C. PERMIT	#						
OWNER						ADDRESS		•		PHONE				
LOT #/BLOCK #/SUBDIVISION							-		EMAIL					
PROJECT A	DDRESS													
CONTRACTOR								NAME	AME					
ADDRESS						CITY					ZIP CO	ODE		
LIC/CERTIFICATION #						DATE				PHONE				
Water Close	ets	No	>	x \$	7.50									
Bath Tubs		No	>	x \$	7.50									
Wash Basin	IS	No	>	x \$	7.50									
Kitchen Sin	ks	No	>	x \$	7.50			Inside Sewer						
Laundry Tu	bs	No	>	x \$	7.50			First 100 Feet			\$ 40	0.00		
Floor Drain	s	No.	>	x \$	7.50									
Urinals		No.	>	x \$	7.50			Outside Sewer						
Shower Sta	lls	No.	>	x \$	7.50			First 100 Feet			\$ 40	0.00		
Bubblers		No.	>	x \$	7.50									
Bar Waste		No.	<u> </u>	x \$	7.50			Water Tap or S	p or Sewer Connection					
Hose Bibbs		No.	>	x \$	7.50			In Roadway			\$ 2	5.00		
Dishwasher	r	No.	>	x \$	7.50									
Disposal		No.)	x \$	7.50			Street opening and Blacktop						
Water Heat	ter	No.	<u> </u>	x \$	7.50			Repairs			\$ 20	0.00		
Sump Pump	o	No.	<u> </u>	x \$	7.50									
Water Softe	ener	No.	>	x \$	7.50			Reinspection C	harges		\$ 2	5.00		
Machine W	'aste	No.	<u> </u>	x \$	7.50									
Sanitary Pu	mp	No.	>	x \$	7.50			Base Fee All pe	rmits		\$ 30	0.00	\$	30.00
TOTALS		No.		\$	7.50						тс	DTAL		
								TOTAL FEE CHARGE						

In the performance of this work the undersigned owner (or his authorized agent), of said premises, and his authorized plumber, hereby agrees to be bounded by and submit to all statutes of the State of Wisconsin, and the State Plumbing codes.

Only state license plumbers may obtain a plumbing permit and perform work as described above.

NOTE: If plumbing work is commenced before the permit has been obtained, the fees shall be doubled, with no exceptions!!!!!

Remarks:

Date:

Signature of Applicant

Permit Paid By

Date: