

# Town of Palmyra PLUMBING Permit Application

**Mail To: PO BOX 25 OKAUCHEE WI 53069**  
**Make Check Payable to:**  
**WIA or Wisconsin Inspection Agency**

**Permit No** \_\_\_\_\_

Residential     Commercial

**Call for Inspections: 262-490-0513 / 24 Hour Notice Required**

**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 \_\_\_\_\_

Estimated Cost of Project \_\_\_\_\_

New /Existing	Price	Quantity	Total Fee
Commercial / Industrail..... Minimum	\$75.00		
..... Plus	\$.05 Per Sq Ft		
Agricultural ..... Minimum	\$50.00		
..... Plus	\$10 / fixture		
TOTAL			

OTHER PLUMBING ITEMS	Price	Quantity	Total Fee
_____			
_____			
_____			
TOTAL			

**DOUBLE FEES ARE APPLIED IF WORK IS STARTED WITHOUT A PERMIT** Min. Fee \$50

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

**Permits Expire two years from issue date**

**Conditions of approval:** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office Use Only		FEES
Check # _____	Building Inspector's Approval	Building _____
Date _____		WI Seal _____
Rcvd By _____	Signature _____	Electric _____
	Date _____	Plumbing _____
		HVAC _____
		Other _____

**NO REFUNDS ON PERMITS**

Note: \_\_\_\_\_