

Town of Ottawa

PLUMBING

Permit No _____

Mail To: Town of Ottawa, W360 S3337 Hwy 67, Dousman, WI 53118

Make Check Payable to: Town of Ottawa

Tax Key # _____

Residential

Commercial

Phone 262-490-0513

Permit Application

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 _____

Schedule of Inspection Fees

	EACH	\$.05/Sq. Ft.	FEE
New Building.....	\$ 50.00		
Addition.....	\$ 50.00		
Remodel.....	\$ 50.00		

ALL OTHER PROJECTS

	EACH	NO.	FEE		EACH	NO.	FEE
1. Automatic Washer.....	7.00			21. Sanitary Building Drain, first 75 ft.....	\$ 50.00		
2. Sink.....	\$ 7.00			- Over 7 75ft., \$.50/sq. ft.	\$ 0.50		
3. Disposal.....	\$ 7.00			22. Storm Building Drain.....	\$ 50.00		
4. Water Closet.....	\$ 7.00			-Over 75ft., \$.50/sq. ft.	\$ 0.50		
5. Shower.....	\$ 7.00			23. Man Hole.....	\$ 50.00		
6. Lavatory.....	\$ 7.00			24. Catch Basin.....	\$ 50.00		
7. Laundry Tray.....	\$ 7.00			25. Sanitary Bldg. Sewer, First 100 Ft.....	\$ 50.00		
8. Bath Tub.....	\$ 6.00			-Over 100 ft., \$.50/sq. ft.	\$ 0.50		
9. Hot Tub, Whirl Pool.....	\$ 75.00			26. Storm Bldg. Sewer, First 100 Ft.....	\$ 50.00		
10. Drinking Fountain.....	\$ 10.00			- Over 1000ft., \$.50/sq.ft.	\$ 0.50		
11. Urinal.....	\$ 10.00			27. Studor Vent.....	\$ 25.00		
12. Floor Drain.....	\$ 7.00			28. Other.....	\$ 60.00		
13. Sight Drain.....	\$ 7.00						
14. Sillcock.....	\$ 7.00						
15. Wash Fountain.....	\$ 10.00						
16. Water Heater.....	\$ 50.00						
17. Water Softener.....	\$ 50.00						
18. Sump Pump.....	\$ 6.00						
19. Ejector or Pump.....	\$ 6.00						
20. Back Flow Device.....	\$ 6.00						
Column Total-----							

Subtotal _____
 Other _____
TOTAL FEE _____

Minimum Permit Fee \$50.00	Reinspection Fee \$75.00	Failure to call for Inspection \$75.00
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DOUBLE FEES ARE APPLIED IF WORK IS STARTED WITHOUT A PERMIT

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
Give at least 24 hours notice on all inspections and have address when requesting inspection

Signature of Applicant _____ Date _____

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

NO REFUNDS ON PERMITS

Note: _____