

Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.	<h2 style="margin:0;">UNIFORM PLUMBING PERMIT</h2> <h3 style="margin:0;">APPLICATION SAMPLE</h3>		PERMIT NO. SAMPLE TAX KEY #				
ISSUING MUNICIPALITY	__TOWN __VILLAGE __CITY	PROJECT LOCATION (Building Address)					
	OF _____	PROJECT DESCRIPTION		__COMMERCIAL __ONE & TWO FAMILY			
Owner's Name _____		Mailing Address - Include city & zip _____		Telephone - include area code _____			
Contractor's Name (Lic. No) _____		Mailing Address - include city & zip _____		Telephone - include area code _____			
Estimated Cost _____	Bonding/Insurance Company _____		Master Plumber's License Number _____				
SCHEDULE OF INSPECTION FEES							
		EACH	COUNT	FEE			
1 & 2 FAMILY NEW BUILDING/ADDITION		Base Fee		\$35.00			
SQUARE FOOTAGE FEE DOES NOT INCLUDE LATERALS. All laterals must be listed below.		Plus035/Sq.Ft. (all areas)	_____ Sq Ft			
COMMERCIAL - NEW BUILDING/ADDITION		Base Fee		\$35.00			
Commerical buildings with less than 16 fixtures...Base fee pluse line terms below. SQUARE FOOTAGE FEE DOES NOT INCLUDE LATERALS. All laterals must be listed below.		Plus04/Sq Ft. (all areas)	_____ Sq Ft			
REPLACEMENT, MODIFICATIONS, AND MISC. ITEMS - BOTH 1 & 2 FAMILY & COMMERCIAL							
	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	5.00	_____	_____	24. Sanitary Building Drain			
2. Sink	5.00	_____	_____	First 75 Feet	10.00	_____	_____
3. Dishwasher	5.00	_____	_____	Over 75 Feet	.35/ft.	_____	_____
4. Garbage Grinder	5.00	_____	_____	25. Storm Building Drain			
5. Water Closer	5.00	_____	_____	Frist 75 Feet	10.00	_____	_____
6. Shower	5.00	_____	_____	Over 75 Feet	.35/ft.	_____	_____
7. Lavatory	5.00	_____	_____	26. Manhole	10.00	_____	_____
8. Laundry Tray	5.00	_____	_____	27. Catch Basin	5.00	_____	_____
9. Urinal	5.00	_____	_____	28. Water Service			
10. Bath Tub	5.00	_____	_____	First 100 Ft Lateral	25.00	_____	_____
11. Hot Tub, Spa, Whirlpool	10.00	_____	_____	Over 100 Ft Lateral	.35/ft.	_____	_____
12. High Pressure Boiler	25.00	_____	_____	29. Sanitary Building Sewer			
13. Drinking Fountain	5.00	_____	_____	First 100 Ft Lateral	25.00	_____	_____
14. Floor Drain	5.00	_____	_____	Over 100 Ft Lateral	.35/ft.	_____	_____
15. Sight Drain	5.00	_____	_____	30. Storm Building Sewer			
16. Silcock	5.00	_____	_____	First 100 Ft Lateral	25.00	_____	_____
17. Water Heater	5.00	_____	_____	Over 100 Ft Lateral	.35/ft.	_____	_____
18. Wash Fountain	5.00	_____	_____	31. Extension of House Drain			
19. Sump Pump	5.00	_____	_____	Where Fixtures			
20. Ejectors or pump	5.00	_____	_____	Already Installed	25.00	_____	_____
21. Water Softener	5.00	_____	_____	32. Grease Interceptor	50.00	_____	_____
22. Storm Sewer Conductor	5.00	_____	_____	33. Other _____	25.00	_____	_____
23. Backflow Prevention Device	5.00	_____	_____				
Minimum Permit Fee\$30.00 Reinspection Fee\$30.00 each Failure to call for inspection\$30.00 each DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.					INSPECTIONS NEEDED __Rough __UF __Final		
The applicant agrees to comply with the Municipal Ordinacnes and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector, and certifies that all the above information is accurate.							
Have Permit/Appliction number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.							
SIGNATURE OF APPLICANT _____				DATE _____			
FEES:		RECEIPT		PERMIT EXPIRATION		PERMIT ISSUED BY MUNICIPAL AGENT:	
Inspection Fee _____	CK # _____	Date _____	Permit expires two years from date	CONDITIONS OF APPROVAL This permit is issued pursuant to the attached conditions. Name _____ Date _____ Certification No. _____			
Administraion Fee _____	From _____	below: _____	issued unless otherwise noted				
Other _____	Rec By _____						
Total _____							