



PLUMBING PERMIT APPLICATION

City of Oconomowoc
Department of Building Inspection
174 E Wisconsin Ave. Oconomowoc, WI 53066
www.oconomowoc-wi.gov 262.569.2195

Date _____ Project Address _____ Plumbing Permit # _____
(Issued By City)

Owners Name _____ Phone # (_____) _____
Address _____ City _____ Zip _____
E-mail Address _____ Tax Key # _____

Contractor _____ 24 hr. Phone # (_____) _____
Address _____ City _____ Zip _____
Project Description _____ Masters Plumbers License # _____

New Building Addition & Remodeling

Base Fee of \$50.00 + (_____ sq/ft for all areas x .06 sq/ft) = _____ **Total =** _____
 (Base Fee of \$50.00) + (calculated area x .06 is a min fee of \$70.00) = (a total of \$120.00 which is a min fee) (a min fee of \$120.00)

Replacement, Modifications or Individual Items

Description	Each	Count	Fee
Automatic Washer, Sink/Dishwasher, Garbage Disposal, Water Closet/Urinal, Shower/Lavatory, Laundry Tub, Bath Tub	6.00each	_____	_____
Hot Tub, Spa, Whirlpool	10.00 each	_____	_____
HID light pole base each pole	25.00 each	_____	_____
Drinking Fountain, Floor Drain/Sight Drain, Sillcock, Water Heater	5.00 each	_____	_____
Wash Fountain, Sump Pump, Ejectors or Pump, Water Softener, Storm Sewer Conductor, Backflow Prevention Device	6.00 each	_____	_____
Plan Review	15.00	_____	_____
Sprinkler Heads (\$1.00 ea) Minimum	50.00	_____	_____
Fire Hose Rack, Fire Dept. Connection, Hydrant	5.00	_____	_____
Fire Suppression Systems – Restaurant Stoves, Fryers, Boilers	15.00	_____	_____
Sanitary Building Drain	First 75 Feet	_____	_____
	Over 75 Feet	_____	_____
Storm Building Drain	First 75 Feet	_____	_____
	Over 75 Feet	_____	_____
Manhole	10.00	_____	_____
Catch Basin	6.00	_____	_____
Water Service	First 100 ft of lateral	_____	_____
	Over 100 ft of lateral	_____	_____
Sanitary Building Sewer	First 100 ft of lateral	_____	_____
	Over 100 ft of lateral	_____	_____
Storm Building Sewer	First 100 ft of lateral	_____	_____
	Over 100 ft of lateral	_____	_____
Extension of house drain where fixtures already installed	50.00	_____	_____
Septic Abandonment	50.00	_____	_____
Other (Specify)	25.00	_____	_____
Minimum Permit, Reinspect or Failure to call for Inspection	50.00 each	_____	_____

Double fees are due if work started before permit is issued.
 Contact your Oconomowoc utility for further rules and regulations @ (262) 569-2196.
 For inspections call the building inspector @ (262) 569-2195.

Total Inspection Fee _____

NO REFUNDS ON PERMIT FEES

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, Municipality, Agency or Inspector, and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections.

Signature of Applicant _____ Date _____

Print and sign permit, then mail or drop off along with permit fee (cash or check).
 Permit will not be processed until all requirements are received.

Permit Approval by Permitting Authority. Application is hereby	Office Use	approved and permit issued by the City of Oconomowoc subject to full compliance by the Applicant with all conditions set forth by the Department of Public Works.
Check # : _____	City Representative: _____	
Date: _____	Date: _____	
From: _____		
Conditions of Approval: _____		