

Address	
Plumber's Name	
Use of bldg – be specific	Cost of Job
Signature – Licensed Master Plbr	Telephone
Owner	Telephone
Bond No.	I declare that an asbestos project (as defined in Chapter 66 of the Milwaukee Code of Ordinances) will not be included in the work performed under this permit.



MILWAUKEE
 DEVELOPMENT CENTER
 809 N. Broadway – 1st Floor
 Milwaukee, WI 53202
 414-286-8208/fax 414-286-0251
 For Inspection Call 414-286-3361

USE GROUP

One Family

Two Family

Commercial

Other

PLUMBING PERMIT

DATE _____

**This permit will expire if no plumbing work is performed in a six month period.
 No refund on cancelled permits.**

Plumbing work being performed (Check One)

- 210 New Construction
- 220 New Installation
- 240 Repair/Replace
- 250 Sealing
- 260 Well Operation

SANITARY

Work includes laying a _____ inch san/comb sewer pipe from _____

STORM

Work includes laying a _____ inch storm sewer pipe from _____

WATER

Work includes laying a _____ inch water service pipe from _____

Work includes laying a _____ inch inside sanitary building drain for _____ feet.

Work includes laying a _____ inch inside storm building drain for _____ feet.

Is plan exam required? Yes No
 If yes, plans were approved by: _____

<input type="checkbox"/> Air Conditioners	<input type="checkbox"/> Kitchen Sink
<input type="checkbox"/> <i>Apprvd Back Flow Prev</i>	<input type="checkbox"/> Laundry Tray
<input type="checkbox"/> Area or Deck Drains	<input type="checkbox"/> Lavatories
<input type="checkbox"/> Back Flow Preventers	<input type="checkbox"/> Manholes
<input type="checkbox"/> Bar Sinks	<input type="checkbox"/> Plumbing Survey
<input type="checkbox"/> Bath Tubs	<input type="checkbox"/> Pot Sinks
<input type="checkbox"/> Beer Taps	<input type="checkbox"/> Press Reduce Valves
<input type="checkbox"/> Beverages Dispensers	<input type="checkbox"/> Prep Sinks
<input type="checkbox"/> Carbonators	<input type="checkbox"/> Pumps
<input type="checkbox"/> Case Drains	<input type="checkbox"/> Receptors
<input type="checkbox"/> <i>Catch Basins</i>	<input type="checkbox"/> Roof Drains
<input type="checkbox"/> Chiller/Cooling Tower	<input type="checkbox"/> Service/Mop Sink
<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Shampoo Basins
<input type="checkbox"/> Coffee Makers	<input type="checkbox"/> Shower Stalls
<input type="checkbox"/> Conductors	<input type="checkbox"/> Sinks
<input type="checkbox"/> Dish Washers	<input type="checkbox"/> Soap Dispenser
<input type="checkbox"/> Drinking Fountains	<input type="checkbox"/> <i>Storm Inlets</i>
<input type="checkbox"/> Ejector Pumps	<input type="checkbox"/> Sump Pumps
<input type="checkbox"/> Floor Drains	<input type="checkbox"/> Trench Drains
<input type="checkbox"/> Food Waste Disposers	<input type="checkbox"/> Urinals
<input type="checkbox"/> Gang Shower Heads	<input type="checkbox"/> Water Closets
<input type="checkbox"/> Hose Faucets	<input type="checkbox"/> Water Heaters
<input type="checkbox"/> Ice Compartments	<input type="checkbox"/> Water Storage Tanks
<input type="checkbox"/> Ice Makers	<input type="checkbox"/> Water Treat Devices
<input type="checkbox"/> <i>Interceptors</i>	

Remarks

Branch		Size
Tap No.	Curb	
	Lot Line	
	On Lot	
Meter Size	Units	
EXCAVATION PERMIT		CONNECTION PERMIT
Deferred Sewer Charge Due? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes do not issue permit until paid) Charges Paid By: _____		
Description of work performed including sizes and points of connection: _____ _____		
Issue a Connection Number <input type="checkbox"/> Yes <input type="checkbox"/> No Issue a Connection Charge <input type="checkbox"/> Yes <input type="checkbox"/> No		
Quarter Section Number _____		
Info By: _____ Date _____		
Plumbing Permit Fee		\$ _____
Property Record Maint. Charge (25% of permit fee)		\$ _____
Processing fee.		\$ <u>3.00</u>
TOTAL		\$ _____
Approved by: _____		

