

TOWN OF LEBANON

Dodge County
Lebanon, WI 53047

For Inspection Call
Phone: (262) 490-4141

Send Permits To:
Building Inspector
405 N. Prairie Dr
Summit, WI 53066

Makes checks payable to: Town of Lebanon

| |
|-------------------|
| PERMIT NO. |
| TAX KEY # |
| BUILDING PERMIT # |

Plumbing Permit Application

| | |
|---|---|
| PROJECT LOCATION (Building Address) | |
| PROJECT DESCRIPTION | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY |

| | | |
|-------------------|--------------------------------------|---------------------------------|
| OWNER'S NAME | MAILING ADDRESS - INCLUDE CITY & ZIP | TELEPHONE - INCLUDE AREA CODE |
| CONTRACTOR'S NAME | 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 |
|---|----------------|------------------------------|---------------|-------|
| NEW BUILDING, ADDITION, REMODELING | Base Fee | \$35.00 | _____ | _____ |
| | Plus | .04/Sq. Ft. For All Areas | _____ Sq. Ft. | _____ |

| REPLACEMENT, MODIFICATIONS, MISC. ITEMS AND AGRICULTURAL BUILDINGS | | | | | | | |
|--|-------|-------|-------|-------------------------------------|---------|-------|-------|
| | EACH | COUNT | FEE | | EACH | COUNT | FEE |
| 1. Automatic Washer | 6.00 | _____ | _____ | 25. Fire Suppression Systems - | 15.00 | _____ | _____ |
| 2. Sink/Dishwasher | 6.00 | _____ | _____ | Restaurant Stoves, Fryers, Broilers | | _____ | _____ |
| 3. Garbage Grinder | 6.00 | _____ | _____ | 26. Sanitary Building Drain | | _____ | _____ |
| 4. Water Closet/Urinal | 6.00 | _____ | _____ | First 75 Feet | 50.00 | _____ | _____ |
| 5. Shower/Lavatory | 6.00 | _____ | _____ | Over 75 Feet | .35/ft. | _____ | _____ |
| 6. Laundry Tray | 6.00 | _____ | _____ | 27. Storm Building Drain | | _____ | _____ |
| 7. Bath Tub | 6.00 | _____ | _____ | First 75 Feet | 50.00 | _____ | _____ |
| 8. Hot Tub, Spa, Whirlpool | 10.00 | _____ | _____ | Over 75 Feet | .35/ft. | _____ | _____ |
| 9. High Pressure Boiler | 25.00 | _____ | _____ | 28. Manhole | 10.00 | _____ | _____ |
| 10. Drinking Fountain | 6.00 | _____ | _____ | 29. Catch Basin | 6.00 | _____ | _____ |
| 11. Floor Drain/Sight Drain | 6.00 | _____ | _____ | 30. Water Service | | _____ | _____ |
| 12. Sillcock | 6.00 | _____ | _____ | First 100 Ft. Lateral | 60.00 | _____ | _____ |
| 13. Water Heater | 6.00 | _____ | _____ | Over 100 Ft. Lateral | .35/ft. | _____ | _____ |
| 14. Wash Fountain | 6.00 | _____ | _____ | 31. Sanitary Building Sewer | | _____ | _____ |
| 15. Sump Pump | 6.00 | _____ | _____ | First 100 Ft. Lateral | 50.00 | _____ | _____ |
| 16. Ejectors or Pump | 6.00 | _____ | _____ | Over 100 Ft. Lateral | .35/ft. | _____ | _____ |
| 17. Water Softener | 6.00 | _____ | _____ | 32. Storm Building Sewer | | _____ | _____ |
| 18. Storm Sewer Conductor | 6.00 | _____ | _____ | First 100 Ft. Lateral | 50.00 | _____ | _____ |
| 19. Backflow Prevention Device | 6.00 | _____ | _____ | Over 100 Ft. Lateral | .35/ft. | _____ | _____ |
| 20. Plan Review | 15.00 | _____ | _____ | 33. Extension of House Drain | | _____ | _____ |
| 21. Sprinkler Heads (\$1.00 ea.) MINIMUM | 15.00 | _____ | _____ | Where Fixtures | | _____ | _____ |
| 22. Fire Hose Rack | 6.00 | _____ | _____ | Already Installed | 50.00 | _____ | _____ |
| 23. Fire Department Connection | 6.00 | _____ | _____ | 34. Septic Abandonment | 35.00 | _____ | _____ |
| 24. Hydrant | 6.00 | _____ | _____ | 35. Other _____ | 25.00 | _____ | _____ |

Minimum Permit Fee \$50.00 Each
 Reinspect Fee \$50.00 Each
 Failure to call for inspection \$50.00 Each
 GRINDER PUMP MODEL # _____
 DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

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. 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 _____ From _____ Rec. By _____ | Permit Expires 90 Days from date unless noted below. _____ | Name _____ Date _____ Certification No. _____ |
| NO REFUNDS ON PERMITS | | | |