



Town of Mukwonago
W320 S8315 Beulah Road
Mukwonago WI 53149

Plumbing Inspections
Call (262) 210-3226

Print

Save

PERMIT NO.

TAX KEY #

MUKT

Attached with Building Permit #

PLUMBING Permit Application

Project Address:

Project Discription:

☐ Commercial

☐ One & Two Family

ESTIMATED COST

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
E-MAIL ADDRESS	CONTRACTOR REGISTRATION NUMBER	LICENSE NUMBER

OPTION 1 - SCHEDULE OF PERMIT FEES

BASE FEE ON ALL NEW BUILDING, ADDITIONS & REMODELS	\$70.00			
Plus \$.06 per sq.ft. for all project areas.....	sq.ft	Fee	\$	0.00
Total \$				

OPTION 2 - BASE FEE PLUS REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

	Each	Count	Fee		Each	Count	Fee
1 Automatic Washer	6.00	_____	_____	25 Fire Suppression Systems			
2 Sink	6.00	_____	_____	Restaurant Stoves, Fryers, Broilers	15.00	_____	_____
3 Garbage Grinder	6.00	_____	_____	26 Sanitary Building Drain			
4 Dishwasher	6.00	_____	_____	First 75 Feet	25.00	_____	_____
5 Lavatory	6.00	_____	_____	Over 75 Feet	.35/ft	_____	_____
6 Water Closet/Urinal	6.00	_____	_____	27 Storm Building Drain			
7 Bath Tub	6.00	_____	_____	First 75 Feet	15.00	_____	_____
8 Hot Tub, Spa, Whirlpool	10.00	_____	_____	Over 75 Feet	.35/ft	_____	_____
9 Shower	6.00	_____	_____	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 Laundry Tray	6.00	_____	_____	Over 100 Ft Lateral	.35/ft	_____	_____
14 Wash Fountain	6.00	_____	_____	31 Sanitary Building Sewer			
15 Ejectors & Sump Pump	6.00	_____	_____	First 100 Ft Lateral	50.00	_____	_____
16 Water heater	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 Storm Water Conductor	6.00	_____	_____	33 Septic Abandonment	35.00	_____	_____
21 Sprinkler Heads (.10 each) minimum	15.00	_____	_____	34 Extension of existing			
22 Fire Hose Rack	6.00	_____	_____	drain branches, vents & water	25.00	_____	_____
23 Fire Department Connection	6.00	_____	_____	35 Other _____			
24 Hydrant	6.00	_____	_____		25.00	_____	_____

BASE FEE \$70.00

Reinspect Fee \$70.00 Each

Failure to Call for inspection \$70.00 Each

Total Fees + Base Fee \$

DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the 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 of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-210-3226. Give at least 24 hours notice on all inspections.

Signature of Applicant

Date

FEES:

RECEIPT

PERMIT EXPIRATION:

PERMIT ISSUED BY MUNICIPAL AGENT

Permit Fee \$

If you would like a copy of the permit, please send a stamped self addressed envelope.

Ck # _____
Date _____
From _____
Rec. By _____

Permit Expires
90 Days from date
unless otherwise
noted

NO REFUNDS ON PERMITS

Name _____

Date _____

Certification # _____