



Plumbing Permit Application

Village of Wales
Building Inspector
P.O. Box 47
129 West Main Street
Wales, WI 53183
Phone (262) 490-8222
Fax (262) 968-5649

CALL FOR INSPECTIONS: (262) 490-8222

Permit # _____

Building Permit # _____

Name _____ Telephone Number _____

Address _____

Contractor _____ Telephone Number _____

Address _____

Project Location (Building Address) _____

Project Description _____ Commercial _____ One & Two-Family _____

Estimated Cost _____ Bonding /Insurance Company _____ License Number _____

SCHEDULE OF INSPECTION FEES

NEW BUILDING

	EACH	COUNT	FEE
Base Fee.....	\$35.00	_____	_____
Plus.....	07/Sq. Ft.	_____ Sq. Ft	_____
	For All Areas		

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	6.00	_____	_____	26. Sewer Main	.90	_____	_____
2. Sink / Dishwasher	6.00	_____	_____	27. Water Main	.90	_____	_____
3. Garbage Grinder	6.00	_____	_____	28. Sanitary Building Drain			
4. Water Closet / Urinal	6.00	_____	_____	First 75 Feet	25.00	_____	_____
5. Shower / Lavatory	6.00	_____	_____	Over 75 Feet	.35/ft.	_____	_____
6. Laundry Tray	6.00	_____	_____	29. 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. High Pressure Broiler	25.00	_____	_____	30. Manhole	10.00	_____	_____
10. Drinking Fountain	6.00	_____	_____	31. Catch Basin	6.00	_____	_____
11. Floor Drain/Sight Drain	6.00	_____	_____	32. 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	_____	_____	33. 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	_____	_____	34. 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	_____	_____	35. Extension of House Drain			
21. Sprinkler Heads	10.00	_____	_____	Where Fixtures			
22. Fire Hose Rack	6.00	_____	_____	Already Installed	50.00	_____	_____
23. Fire Department Connection	6.00	_____	_____	36. Septic Abandonment	35.00	_____	_____
24. Hydrant	60.00	_____	_____	37. Other _____	25.00	_____	_____
25. Fire Suppression Systems	15.00	_____	_____				

Restaurant Stoves,Fryers,Broilers

Minimum Permit Fee.....\$35.00

Re-inspection Fee.....\$35.00

Failure to call for inspection.....\$35.00

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, expressed 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 OTHERWISE NOTED BELOW _____	NAME _____ DATE _____ CERTIFICATION NO. _____
NO REFUNDS ON PERMITS			