

Please mail permit to:

CITY OF BEAVER DAM

Attn: Inspection Services
 205 S. LINCOLN AVENUE
 BEAVER DAM, WI 53916
 920/887-4600 EXT. 340 - 920-887-4605 FAX

INSPECTION SERVICES

Plumbing Permit Application

State Approvals Received

Project Address _____ Tax Pin No. _____

Owner's Name _____ Address _____ Phone No. _____

Contractor's Name _____ Address _____ Zip _____ Phone No. _____

SCHEDULE OF PERMIT FEES

		Qty.	Fee
NEW BUILDING	Base fee		\$45.00
	Plus.....		.03/sq. ft. for all areas

Square footage fee does not include laterals. All laterals must be listed below.

ADDITIONS, MODIFICATIONS AND MISC ITEMS

Qty.	Item	Ea.	Fee	Qty.	Item	Ea.	Fee
_____	Automatic washer	\$6.00	_____	_____	Fire Suppression Systems-Hoods		
_____	Sink, dishwasher, disposal	6.00	_____	_____	Grease Interceptor	30.00	_____
_____	Water closet, lavatory, urinal	6.00	_____	_____	Catch basin	10.00	_____
_____	Laundry tray	6.00	_____	_____	Sprinkler head	1.00	_____
_____	Bath tub/shower	6.00	_____	_____	Sanitary building drain	10.00	_____
_____	Hot tub, spa, whirlpool, wash fountain	10.00	_____	_____	over 75 ft. (addl. per ft.)	.35	_____
_____	High-pressure boiler	25.00	_____	_____	Storm building drain	10.00	_____
_____	Drinking fountain, sillcock	6.00	_____	_____	over 75 ft. (addl. per ft.)	.35	_____
_____	Floor drain, sight drain	6.00	_____	_____	Sanitary building sewer lateral	30.00	_____
_____	Water heater, water softener	6.00	_____	_____	over 100 ft. (addl. per ft.)	.35	_____
_____	Sump pump, ejector or pump	6.00	_____	_____	Storm building sewer lateral	30.00	_____
_____	Hydrant	10.00	_____	_____	over 100 ft. (addl. per ft.)	.35	_____
_____	Manhole	\$15.00	_____	_____	Water lateral	30.00	_____
				_____	over 100 ft. (addl. per ft.)	.35	_____
				_____	Backflow Prevention Device	5.00	_____
				_____	Other _____	25.00	_____
	Subtotal		_____				

TOTAL LINE ITEMS _____

(NEW BUILDING \$45) BASE FEE + \$30.00

GRAND TOTAL DUE _____

*City Water Department requires (2) consecutive bacteria samples taken 24 hours apart before turning on water to new mains.

**IF WORK IS STARTED BEFORE PERMIT IS ISSUED, FEES ARE DOUBLE.
 NO REFUNDS AFTER PERMIT IS ISSUED.**

Applicant Name (Print) _____ Signature _____ Date _____ License No. _____

Approved by: Building Inspector _____ Date _____ Permit No. _____ Revised 8/17

