



PLUMBING PERMIT APPLICATION
 Inspection Services
 205 S. Lincoln Avenue
 Beaver Dam, WI 53916

State Approvals Received
 Permit #:

Project Address:

Phone: 920-356-2547 Email: inspector@cityofbeaverdam.com

Owner of Property

Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____

Contractor Information

Name: _____ Business Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Wisconsin License # _____

Schedule of Permit Fees

New Building	Base Fee = \$45	Each	Fee
	Plus .03/sq ft for all areas	_____	_____
	(DOES NOT INCLUDE LATERALS)	_____	_____

ADDITIONS, MODIFICATIONS AND MISC. ITEMS

QTY	Items	Each	Fee
	Automatic Washer	\$ 6.00	
	Sink, dishwasher, disposal	\$ 6.00	
	Water closet, lavatory, urinal	\$ 6.00	
	Laundry tray	\$ 6.00	
	Bath tub, shower	\$ 6.00	
	Hot tub, spa, whirlpool, wash fountain	\$ 10.00	
	High-pressure boiler	\$ 25.00	
	Drinking fountain, sillcock	\$ 6.00	
	Floor drain, sight drain	\$ 6.00	
	Water heater, water softner	\$ 6.00	
	Sump pump, ejector or pump	\$ 6.00	
	Hydrant	\$ 10.00	
	Manhole	\$ 15.00	
	Fire Suppression Systems - Hoods, Grease Interceptor	\$ 40.00	
	Catch Basin	\$ 10.00	
	Sprinkler heads	\$ 1.00	
	Sanitary Building Drain	\$ 10.00	
	over 75 ft (addl. .35 per ft.)	\$ 0.35	
	Storm Building Drain	\$ 10.00	
	over 75 ft (addl. .35 per ft.)	\$ 0.35	
	Sanitary Building Sewer Lateral - over 100 ft. (addl. .35 per ft.)	\$ 30.00	
	over 100 ft. (addl. .35 per ft.)	\$ 0.35	
	Storm Building Sewer Lateral - over 100 ft (addl. .35 per ft.)	\$ 30.00	
	over 100 ft. (addl. .35 per ft.)	\$ 0.35	
	Water Lateral -	\$ 30.00	
	over 100 ft. (addl. . 35 per ft.)	\$ 0.35	
	Backflow Prevention Device	\$ 5.00	
	Other	\$ 25.00	

TOTAL LINE ITEMS		
BASE FEE (NEW BUILDING \$45)	+	\$ 30.00
TOTAL PERMIT FEE		=
special inspection fee \$75	-	re-inspection fee \$30

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

Applicant Name (Print): _____ Signature: _____ Date: _____

Approved by Inspection Services: _____ Date: _____

