



7511 12th St | PO Box 197 Somers, WI 53171

Ph: 262-859-2822

sseymour@somerswi.gov

inspections by appointment

PLUMBING PERMIT APPLICATION

Job address: _____

Phone #: _____

Property owners: _____

Email: _____

Use of premise: One & Two Family Multi-Family Commercial Industrial

Type of work: New Construction Addition Alteration Repair/Replace

FIXTURES - \$10 per fixture

_____ Automatic Washer	_____ Manhole	_____ Stack Connection
_____ Bar Sink	_____ Water Meter Connection	_____ Water Softener
_____ Bath Tub	_____ Hose Bibbs B.F.P.	_____ Laundry Tray
_____ Dishwasher	_____ Conductor (Roof Drain)	_____ Grease Trap
_____ Garbage Disposal	_____ Mop/Service Sink	_____ Pump & Fill Septic Tank
_____ Shower Stall	_____ Funnel Connection	_____ Water Heater (G) (E)
_____ Sink	_____ Site Drain	_____ Wash Fountain
_____ Water Closet	_____ Sump	_____ Drinking Fountain
_____ Urinal	_____ Sewage Ejector	_____ Other (please list below)
_____ Catch Basin	_____ Area Drain	
		Total # of Fixtures: _____

_____ Connection to Main Sewer	\$65 + \$.50 per foot over 100ft	\$ _____
_____ Storm Sewer	\$65 + \$.50 per foot over 100ft	\$ _____
_____ Sanitary Building Drain	\$65 + \$.50 per foot over 100ft	\$ _____
_____ Water Service Connection	\$65 + \$.50 per foot over 100ft	\$ _____
_____ Cap Water or Sewer	\$15 each	\$ _____
_____ Holding Tank	\$50 each	\$ _____
_____ Fire Sprinkler Connection	\$15 each	\$ _____
_____ Boiler B.F.P.	\$15 each	\$ _____
_____ Re-Inspection Fee	\$65 each	\$ _____
_____ Water Meter Horn	\$170 for 3/4", \$245 for 1"	\$ _____
TOTAL		\$ _____

Cost of Project: _____

****Minimum fee is \$65.00**

DESCRIPTION OF WORK

In the performance of this work, the undersigned owner (or his/her agent) of said job address, and his/her authorized electrician, hereby agrees to be bound by all statutes of the State of Wisconsin, and all ordinances, rules and regulations prescribed by the Building Department and Plumbing Inspector of the Village and Town of Somers.

Master Plumber: _____ License & Exp: _____

Plumber Address: _____ Phone: _____

Plumbing Contractor: _____ Email: _____

Signature: _____ Date: _____

OFFICIAL USE ONLY

Tax Key: _____

Permit Number: _____

Reviewed By: _____

Plumbing Inspector: _____