



PLUMBING PERMIT APPLICATION

PLEASE PRINT

Submit to:
 Email: info@howardsgrovewi.gov
 Mail: Village of Howards Grove
 913 S Wisconsin Dr.
 Howards Grove, WI
 53083

DATE _____
 PROJECT ADDRESS _____

OWNER _____ PHONE _____

OWNER MAILING ADDRESS _____

BUILDING USE: RESIDENTIAL COMMERCIAL INDUSTRIAL INSTITUTIONAL ACCESSORY
 DESCRIPTION: NEW ADDITION ALTERATION SERVICE CODE CORRECT

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____

MASTER PLUMBER CREDENTIAL # _____ EXPIRATION DATE _____

PROJECT COST \$ _____

PROJECT DESCRIPTION _____

NUMBER	TYPE OF WORK	NUMBER	TYPE OF WORK	NUMBER	TYPE OF WORK
	Kitchen Sinks		Floor Drains		Urinals
	Garbage Sink Unit		Garbage Floor / Drains		Drinking Fountain
	Dish Washer		Water Heater		Service Sinks
	Clothes Washer		Gas Electric		Catch Basin / Manhole
	Laundry Trays		Water Softener		Fire Sprinklers
	Water Closets		Turf Sprinklers		R.B.F.P
	Lavatories		Sump Pump		Acid Tank & Piping
	Bath Tubs		Ejector Pump		Water Piping
	Showers		Manufactured Home		Alter Drain
	Bar/Sink				Deduct Meter
<input type="checkbox"/> LAY	<input type="checkbox"/> RE-LAY	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> Sewer	<input type="checkbox"/> Water	<input type="checkbox"/> Building Drain
A (size)	- inch, (material)				Water Service
A (size)	- inch, (material)				Drain Pipe (Sanitary)
A (size)	- inch, (material)				(Storm)

Other:

- (1) Plumbing Permit Fees. Permit fee will be provided after review and approval of the application.
- (2) Delinquent Permits. Failure to obtain a plumbing permit prior to the start of a project results in double the regular permit fee as listed in (1).
- (3) Right of Way. For any project that requires work to be performed in the Village right-of-way, please contact the Clerk's Office FIRST for *Permit to Construct, Maintain, or Repair Utilities within the Street / Right-of-Way.*
- (4) Inspections. Minimum of 2 business days' notice must be given to arrange for inspection. No plumbing may be covered prior to the expiration of the 2 business-day notice period.
- (5) The work done under authority of this permit must be reported within 48 hours after completion. Call Inspector Scott Winter at (920) 207 - 2818.

I certify the information on this application is complete and accurate. I agree to comply with all applicable codes of the Village of Howards Grove and the State of Wisconsin and with any conditions attached to this application and permit. I understand that issuance of this permit creates no legal liability, express or implied, of the Department, Village, Agency or Inspector.

Name (print) _____ Signature _____
 (Plumbing Contractor or Owner)

For office use only

TOTAL PERMIT FEES: \$ _____ Verify Zoning District _____
 Base _____ Building _____ Plumbing _____

Amount Paid: \$ _____ Receipt #: _____ By: _____ Date: _____