Call (262) 346-4575
for inspection requests or email
waukeshainspections@safebuilt.com

UNIFORM **PLUMBING** PERMIT **APPLICATION**

PERMIT NO.

TAX KEY #

WI MUNICIPALITY

VILLAGE OF ELM GROVE

PROJECT LOCATION
(Building Address)

PROJECT DESCRIPTION

APPLICANT EMAIL:

☐ **COMMERCIAL** ☐ **1 & 2 FAMILY**

Owner's Name	Mailing Address - Include City & Zip	Phone # (w/area code)
Contractors Name	**Mailing Address - Include City & Zip**	**Phone # (w/area code)**
Contractor Registration Number	**Master Plumbers License Number**	**Estimated Cost**

RESIDENTIAL 1 & 2 FAMILY

SCHEDULE OF INSPECTION FEES	EACH	QTY	TOTAL FEE
1. New Bldg/Addition *(based on square ft of new area)* **OR**	$40 base + $.07/sq. ft.		
Alterations, Replacement & Misc Items *(per thousand or fraction thereof of project valuation)*	$11.00		
2. New Home Outside Sewer Lateral	$55.00		
3. New Home Water Service	$55.00		
4. Other (specify)			
RESIDENTIAL MINIMUM PERMIT FEE	**$55.00**		

COMMERCIAL

1. New Bldg/Addition *(based on square ft of area)* **OR**	$50 base + $.07/sq. ft.		
Alterations, Replacement & Misc Items *(per thousand or fraction thereof of plumbing project valuation)*	$11.00		
3. New Outside Sewer Lateral- 1st 100 ft *($0.50/lienar ft thereafter)*	$100.00		
4. New Water Service *($0.50/linerl ft thereafter)*	$100.00		
5. Other (specify)			
COMMERCIAL MINIMUM PERMIT FEE	**$70.00**		

INSPECTIONS NEEDED ☐ **ROUGH** ☐ **FINAL**

TOTAL FEE

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, express 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.

Approval Conditions: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.

SIGNATURE OF APPLICANT **DATE**

RECEIPT INFO			PERMIT ISSUED BY MUNICIPAL AGENT:	
Check#	Amt	**Permit expires two years from date issued unless otherwise noted.**	Name	
Rec'd By	Date		Cerification #	Date

White - Municipal Files Yellow - Assessor Pink - Applicant