Call (262) 420-4732
for inspection requests or email
Wiinspections@safebuilt.com

UNIFORM PLUMBING PERMIT APPLICATION

PERMIT NO.

TAX KEY #

WI MUNICIPALITY

VILLAGE OF ELM GROVE

PROJECT LOCATION

PROJECT DESCRIPTION
Well Operation Permit

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 License Number	Master Plumber License Number	Sq. Ft.	Estimated Cost

SCHEDULE OF INSPECTION FEES	EACH	QTY	TOTAL FEE
REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - 1 & 2 FAMILY			
1. New Bldg/Addition/Alteration ***(alteration based on square ft of alteration area)***	$40 Base + $.07/sq ft		
2. Replacement & Misc Items (*per thousand of plumbing project valuation)*	$11.00		
3. New Home Outside Sewer Lateral	$70.00		
4. New Home Water Service	$70.00		
5. Other (specify)			
REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - COMMERCIAL			
1. New Bldg/Addition/Alteration ***(alteration based on square ft of alteration area)***	$50 Base + $.07/sq ft		
2. Replacement & Misc Items ***(per thousand or fraction thereof of plumbing project valuation)***	$11.00		
3. New Home Outside Sewer Lateral- 1st 100 ft	$100.00		
$0.50/linear ft per each thereafter _____			
4. New Home Water Service - 1st 100 ft	$100.00		
$0.50/linear ft per each thereafter _____			
5. Other (specify)			
RESIDENTIAL MINIMUM PERMIT FEE	**$70.00**		
COMMERCIAL MINIMUM PERMIT FEE	**$70.00**		

Approval Conditions: This permit is issued persuant 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.

INSPECTIONS NEEDED
☐ **UNDER FLOOR** ☐ **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.**

SIGNATURE OF APPLICANT **DATE**

FEES:	RECEIPT:		PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee	Ck #	Permit expires two years from date issued unless otherwise noted.	Name
	Date		
Other	Amt.		Date
Total	Rec. By		Certification No.

NOTES: