

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		
APPLICANT EMAIL: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> 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 <i>(alteration based on square ft of alteration area)</i>		\$40 Base + \$.07/sq ft		
2. Replacement & Misc Items <i>(per thousand of plumbing project valuation)</i>		\$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 <i>(alteration based on square ft of alteration area)</i>		\$50 Base + \$.07/sq ft		
2. Replacement & Misc Items <i>(per thousand or fraction thereof of plumbing project valuation)</i>		\$11.00		
3. New Home Outside Sewer Lateral- 1st 100 ft		\$100.00		
\$.50/linear ft per each thereafter _____				
4. New Home Water Service - 1st 100 ft		\$100.00		
\$.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 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.				
INSPECTIONS NEEDED <input type="checkbox"/> UNDER FLOOR <input type="checkbox"/> ROUGH <input type="checkbox"/> 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		Date	
Other	Amt.		Certification No.	
Total	Rec. By			
NOTES:				