

Call (262) 420-4732 for inspection requests or email Wiinspections@safebuilt.com		<b>UNIFORM PLUMBING PERMIT APPLICATION</b>		PERMIT NO.
		TAX KEY #		
WI MUNICIPALITY  <b>VILLAGE OF ELM GROVE</b>		PROJECT LOCATION		
		PROJECT DESCRIPTION		
<b>APPLICANT EMAIL:</b> <span style="float: right;"><input type="checkbox"/> COMMERCIAL   <input type="checkbox"/> 1 &amp; 2 FAMILY</span>				
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	
<b>SCHEDULE OF INSPECTION FEES</b>		<b>EACH</b>	<b>QTY</b>	<b>TOTAL FEE</b>
<b>REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - 1 &amp; 2 FAMILY</b>				
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)				
<b>REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - COMMERCIAL</b>				
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)				
<b>RESIDENTIAL MINIMUM PERMIT FEE</b>		<b>\$70.00</b>		
<b>COMMERCIAL MINIMUM PERMIT FEE</b>		<b>\$70.00</b>		
<b>Approval Conditions:</b> 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.				
<b>INSPECTIONS NEEDED</b> <input type="checkbox"/> UNDER FLOOR <input type="checkbox"/> ROUGH <input type="checkbox"/> FINAL		<b>TOTAL FEE</b>		
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. <b>Have Permit/Application number and address when requesting inspections. Give at least 24 hours notice on all inspections.</b>				
<b>SIGNATURE OF APPLICANT</b>				<b>DATE</b>
<b>FEES:</b>		<b>RECEIPT:</b>		<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b>
Inspection Fee	Ck #	Permit expires two years from date issued unless otherwise noted.	Name	
	Date		Date	
Other	Amt.		Certification No.	
Total	Rec. By			
<b>NOTES:</b>				