

**CITY OF JEFFERSON**  
 317 SOUTH MAIN STREET  
 JEFFERSON, WI 53549  
 920/674-7700

**INSPECTION SERVICES**  
**Plumbing Permit Application**

Project Address \_\_\_\_\_ Permit No. \_\_\_\_\_

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**SCHEDULE OF PERMIT FEES**

	Qty.	Fee
<b>NEW BUILDING / ADDITION</b> Base fee .....	\$30.00	_____
Plus.....	.03/sq. ft.	_____
	for all areas	

Commercial Buildings with less than 10 fixtures..... Base fee plus line items below.  
 Square footage fee does not included laterals. All laterals must be listed below.

**REPLACEMENT, MODIFICATIONS AND MISC ITEMS**

Qty.	Item	Ea.	Fee	Qty.	Item	Ea.	Fee
_____	Automatic washer	\$5.00	_____	_____	Manhole	\$10.00	_____
_____	Sink, dishwasher, disposal	5.00	_____	_____	Catch basin	5.00	_____
_____	Water closet, lavatory, urinal	5.00	_____	_____	Sprinkler head	.50	_____
_____	Laundry tray	5.00	_____	_____	Sanitary building drain	10.00	_____
_____	Bath tub/shower	5.00	_____	_____	over 75 ft. (addl. per ft.)	.35	_____
_____	Hot tub, spa, whirlpool, wash fountain	10.00	_____	_____	Storm building drain	10.00	_____
_____	High-pressure boiler	25.00	_____	_____	over 75 ft. (addl. per ft.)	.35	_____
_____	Drinking fountain, sillcock	5.00	_____	_____	Sanitary sewer lateral	25.00	_____
_____	Floor drain, sight drain	5.00	_____	_____	over 100 ft. (addl. per ft.)	.35	_____
_____	Water heater, water softener	5.00	_____	_____	Storm sewer lateral	25.00	_____
_____	Sump pump, ejector or pump	5.00	_____	_____	over 100 ft. (addl. per ft.)	.35	_____
	Subtotal		_____	_____	Water lateral	25.00	_____
				_____	over 100 ft. (addl. per ft.)	.35	_____
				_____	Other_____	25.00	_____

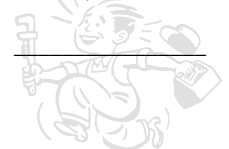
**TOTAL LINE ITEMS** \_\_\_\_\_

**BASE FEE**

**+ \$30.00**

**GRAND TOTAL DUE** \_\_\_\_\_

Re-inspection fee 30.00  
 Special inspection fee 75.00



**IF WORK IS STARTED BEFORE PERMIT IS ISSUED, FEES ARE DOUBLE.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ License No. \_\_\_\_\_

Approved by: Director of Inspection Services \_\_\_\_\_ Date \_\_\_\_\_