



Town of Vernon

W249 S8910 Center Road
Big Bend, WI 53103

For
Building Inspection
call **(262) 366-2400**

PERMIT NO.
TAX KEY#
BUILDING PERMIT #

PLUMBING Permit Application

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	<input type="checkbox"/> Commercial <input type="checkbox"/> One & Two Family

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	BONDING INSURANCE COMPANY	MASTER PLUMBER'S LICENSE NUMBER

SCHEDULE OF INSPECTION FEES

NEW BUILDING ADDITIONS REMODELING		EACH	COUNT	FEE
		Base Fee	\$55.00	_____
Fee05/sq. ft. for all areas	_____ sq. ft.	_____	_____

REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	6.00	_____	_____	25. Fire Suppression Systems -			
2. Sink/Dishwasher	6.00	_____	_____	Restaurant Stoves, Fryers, Broilers	15.00	_____	_____
3. Garbage Grinder	6.00	_____	_____	26. Sanitary Building Drain			
4. Water Closet/Urinal	6.00	_____	_____	First 75 Feet	55.00	_____	_____
5. Shower/Lavatory	6.00	_____	_____	Over 75 Feet	.35/ft.	_____	_____
6. Laundry Tray	6.00	_____	_____	27. Storm Building Drain			
7. Bath Tub	6.00	_____	_____	First 75 Feet	15.00	_____	_____
8. Hot Tub, Spa, Whirlpool	10.00	_____	_____	Over 75 Feet	.35/ft.	_____	_____
9. High Pressure Boiler	25.00	_____	_____	28. Manhole	10.00	_____	_____
10. Drinking Fountain	6.00	_____	_____	29. Catch Basin	6.00	_____	_____
11. Floor Drain/Sight Drain	6.00	_____	_____	30. Water Service			
12. Sillcock	6.00	_____	_____	First 100 Ft. Lateral	60.00	_____	_____
13. Water Heater	6.00	_____	_____	Over 100 Ft. Lateral	.35/ft.	_____	_____
14. Wash Fountain	6.00	_____	_____	31. Sanitary Building Sewer			
15. Sump Pump	6.00	_____	_____	First 100 Ft. Lateral	55.00	_____	_____
16. Ejectors or Pump	6.00	_____	_____	Over 100 Ft. Lateral	.35/ft.	_____	_____
17. Water Softener	6.00	_____	_____	32. Storm Building Sewer			
18. Storm Sewer Conductor	6.00	_____	_____	First 100 Ft. Lateral	55.00	_____	_____
19. Backflow Prevention Device	6.00	_____	_____	Over 100 Ft. Lateral	.35/ft.	_____	_____
20. Plan Review	15.00	_____	_____	33. Extension of House Drain			
21. Sprinkler Heads (10¢ each) Minimum	15.00	_____	_____	Where Fixtures			
22. Fire Hose Rack	6.00	_____	_____	Already Installed	25.00	_____	_____
23. Fire Department Connection	6.00	_____	_____	34. Septic Abandonment	35.00	_____	_____
24. Hydrant	6.00	_____	_____	35. Other _____	25.00	_____	_____

Minimum Permit Fee.....\$55.00 Each
 Reinspect Fee.....\$55.00 Each
 Failure to call for inspection.....\$55.00 Each
DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

Please include self-addressed stamped envelope for permit returned.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the 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. Call 262-366-2400. Give at least 24 hours notice on all inspections.

Signature of Applicant _____ Date _____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days from date unless otherwise noted below	Name _____ Date _____ Certification No. _____

NO REFUNDS ON PERMITS