

925 15th Avenue Union Grove, WI 53182 Office - 262-878-2123 Fax - 262-878-1680	<h2 style="margin:0;">PLUMBING PERMIT APPLICATION</h2> <h3 style="margin:0;">TOWN OF YORKVILLE</h3>	Permit No. _____  Parcel No. _____
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Building Type _____	Use _____
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Building Site Address: _____	Suite No. _____
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Owner's Name: _____	Mailing Address _____	Tel. _____
		Fax# _____
Tenant's Name: _____	Mailing Address _____	Tel. _____
		Fax# _____
Contractor's Name: _____	Mailing Address _____	Tel. _____
		Fax# _____
Contractor License Number _____		

<b>PROJECT DESCRIPTION</b>	<b>ESTIMATED PROJECT VALUE</b>
	\$ _____

1. PROJECT	2. AREA INVOLVED (SQ. FT)	3. STORIES	4. USE	5. OCCUPANCY																
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">AREA</td> <td style="width:15%;">UNIT 1</td> <td style="width:15%;">UNIT 2</td> <td style="width:15%;">TOTAL</td> </tr> <tr> <td>FINISHED</td> <td></td> <td></td> <td></td> </tr> <tr> <td>UNFINISHED</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td></td> </tr> </table>	AREA	UNIT 1	UNIT 2	TOTAL	FINISHED				UNFINISHED				OTHER				No. of Stories _____ <input type="checkbox"/> Mezzanine <input type="checkbox"/> Other <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other	<input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Two Family <input type="checkbox"/> Public Utility <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other: <input type="checkbox"/> Industrial
AREA	UNIT 1	UNIT 2	TOTAL																	
FINISHED																				
UNFINISHED																				
OTHER																				

LATERALS AND SITE PLUMBING - EXTERIOR ONLY	INTERIOR PLUMBING
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<u>SANITARY SEWER:</u> Length _____ Pipe Size _____  <input type="checkbox"/> Exterior Grease Trap      Size _____  No. of Manholes _____      No. of Cleanouts _____  <u>STORM SEWER:</u> Length _____ Pipe Size _____  No. Manholes / Catch Basins _____  <u>WATER LATERAL:</u> Length _____ Pipe Size _____  No. of Valves _____      No. of Hydrants _____  <u>FIRE LATERAL:</u> Length _____ Pipe Size _____  No. of Hydrants _____	<u>SANITARY UNDERFLOOR</u> Length _____ Pipe Size _____  No. of Cleanouts _____ <input type="checkbox"/> Grease Trap      Size _____  <u>WATER DISTRIBUTION</u> Length _____ Pipe Size _____  Pipe Material _____  <u>STORM UNDERFLOOR</u> Length _____ Pipe Size _____  No. of Cleanouts _____  <u>FIXTURES:</u> Total number of all fixtures for water distribution, sanitary drain and vent, and storm system      TOTAL: _____
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<u>WELLS</u>	Water Meter Size _____	R.P. Valve Size _____
<input type="checkbox"/> Well Abandonment <input type="checkbox"/> Well Operations	Deduct Meter Size _____	Check Valve Size _____

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

**No refunds issued after work has begun.** By applying for this permit, you are authorizing Town personnel to inspect this property within the scope of their duties.

APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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<b>APPROVAL CONDITIONS</b>	This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty <input type="checkbox"/> See attached for conditions of approval.
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<b>PERMIT FEES:</b>	<b>DOUBLE FEES</b>	<b>ACTIVE PERMITS</b>	<b>PERMIT ISSUED BY:</b>
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Permit \$ _____  Total \$ _____	<input type="checkbox"/> <b>FAILURE TO OBTAIN PERMIT FEES DOUBLE</b>  Double Fee \$ _____	Active Building Permit No. <input type="checkbox"/> Yes <input type="checkbox"/> No  Permit # _____  Municipality # of Dwelling Location _____	Name _____  Date _____      Tel. _____  Cert No. _____
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