



7511 12th St | PO Box 197 Somers, WI 53171

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Inspections by appointment

APPLICATION FOR PLUMBING PERMIT

Job Address: _____ Phone #: _____

Property Owners: _____ Email: _____

COST OF PROJECT: _____

Occupancy Type: ☐ One & Two Family ☐ Commercial ☐ Industrial ☐ Multi-Family
Type of Work: ☐ Alteration ☐ Addition ☐ New Structure ☐ Repairs

Automatic Washer	_____	Water Meter Connection	_____	Dishwasher	_____
Bar Sink	_____	Hose Bibbs B.F.P.	_____	Garbage Disposal	_____
Bath Tub	_____	Conductors (Roof Drains)	_____	Stack Connections	_____
Sinks	_____	Mop or Service Sink	_____	Water Softener	_____
Water Closets	_____	Funnel Connections	_____	Laundry Tray	_____
Urinal	_____	Site Drains	_____	Grease Trap	_____
Catch Basins	_____	Sumps	_____	Pump & Fill Septic Tank	_____
Area Drains	_____	Sewage Ejector	_____	Water Heater (gas) (elect)	_____
Manhole	_____	Wash Fountain	_____	Shower Stall	_____
		Drinking Fountain	_____	Other	_____

Total Fixtures _____ @ \$10 per fixture **Total \$** _____

Connection to Main Sewer \$65 plus \$.50 per ft for each ft over 100 ft	_____ ft	\$	_____
Storm Sewer \$65 plus \$.50 per ft for each ft over 100 ft	_____ ft	\$	_____
Sanitary Building Drain \$65 plus \$.50 per ft for each ft over 100 ft	_____ ft	\$	_____
Water Service Connection \$65 plus \$.50 per ft for each ft over 100 ft	_____ ft	\$	_____

Cap water or sewer	\$15.00	ea	\$	_____
Holding Tank	\$50.00	ea	\$	_____
Fire Sprinkler Connection	\$15.00	ea	\$	_____
Boiler B.F.P.	\$15.00	ea	\$	_____
Certified Plumbing Inspection Fee	\$65.00	ea	\$	_____
Re-Inspection Fee	\$75.00	ea	\$	_____

Total Fees \$ _____

Minimum Charge for any one permit is **\$65.00**.

No work shall be started until application has been received & permit has been issued by the Inspector.

Make check payable to Village of Somers.

In the performance of this work, the undersigned owner (or his/her agent) of said job address, and his/her authorized plumber, hereby agrees to be bound by all statutes of the State of Wisconsin, and all ordinances, rules and regulations prescribed by the Building Department and Plumbing Inspector of the Village of Somers

Master Plumber:	_____	Tax Key:	_____
Address	_____	Permit Issued:	_____
License #	_____	Plumbing Inspector:	_____
Plumbing Contractor:	_____	eMail:	_____