

925 15 th Ave Union Grove, WI 53182 Office - 262-878-1818 Fax - 262-878-3782	PLUMBING PERMIT APPLICATION VILLAGE OF UNION GROVE	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		

PROJECT DESCRIPTION	ESTIMATED PROJECT VALUE
	\$ _____

1. PROJECT	2. AREA INVOLVED (SQ. FT)				3. STORIES	4. USE	5. OCCUPANCY	
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alt <input type="checkbox"/> Raze <input type="checkbox"/> Add <input type="checkbox"/> Move <input type="checkbox"/> Other:	AREA	UNIT 1	UNIT 2	TOTAL	No. of Stories _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<input type="checkbox"/> Sgl family <input type="checkbox"/> Two family <input type="checkbox"/> Multi-family <input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Public Utility <input type="checkbox"/> Other:
	FINISHED				<input type="checkbox"/> Mezzanine <input type="checkbox"/> Other <input type="checkbox"/> Plus Basement			
	UNFINISHED							
	OTHER							

LATERALS AND SITE PLUMBING – EXTERIOR ONLY	INTERIOR PLUMBING
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SANITARY SEWER: Length _____ Pipe Size _____ <input type="checkbox"/> Exterior Grease Trap Size _____ No. of Manholes _____ No. of Cleanouts _____ STORM SEWER: Length _____ Pipe Size _____ No. Manholes / Catch Basins _____ WATER LATERAL: Length _____ Pipe Size _____ No. of Valves _____ No. of Hydrants _____ FIRE LATERAL: Length _____ Pipe Size _____ No. of Hydrants _____	SANITARY UNDERFLOOR Length _____ Pipe Size _____ No. of Cleanouts _____ <input type="checkbox"/> Grease Trap Size _____ WATER DISTRIBUTION Length _____ Pipe Size _____ Pipe Material _____ STORM UNDERFLOOR Length _____ Pipe Size _____ No. of Cleanouts _____ FIXTURES: Total number of all fixtures for water distribution, sanitary drain & vent, and storm system <div style="text-align: right;">TOTAL : _____</div>
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WELLS	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 Village personnel to inspect this property within the scope of their duties.

APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

PERMIT FEES:	DOUBLE FEES	ACTIVE PERMITS	PERMIT ISSUED BY:
Permit \$ _____	<input type="checkbox"/> FAILURE TO OBTAIN PERMIT FEES DOUBLE Double Fee \$ _____	Active building permit No. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____ Municipality # of Dwelling Location <div style="text-align: center;">51-186</div>	Name _____ Date _____ Tel. _____ Cert No. _____
Total \$ _____			