



LAKESIDE  
INSPECTIONS  
608-387-0121  
SPS 320.06

UNIFORM  
PLUMBING PERMIT  
APPLICATION

UNIFORM PERMIT NO. \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

PERMITS REQUIRED \_\_\_\_\_ CONSTRUCTION \_\_\_\_\_ ELECTRICAL \_\_\_\_\_ HVAC \_\_\_\_\_ OTHER \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTRACTORS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_  
BUILDING ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

EST. COST \_\_\_\_\_ CONTRACTORS LICENSE NO. \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_ NEW CONSTRUCTION \_\_\_\_\_ ADDITION \_\_\_\_\_ REMODEL \_\_\_\_\_  
ONE AND TWO FAMILY \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

New-Building

	EACH	COUNT	FEE
Base Fee _____	\$35.00		_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS, AND MISC. ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	5.00	_____	_____	19. Urinal	5.00	_____	_____
2. Sink (Kitchen, Mop, Etc.)	5.00	_____	_____	20. High Pressure Boiler	25.00	_____	_____
3. Dishwasher	5.00	_____	_____	21. Drinking Fountain	5.00	_____	_____
4. Garbage Grinder	5.00	_____	_____	22. Wash Fountain	5.00	_____	_____
5. Water Closet	5.00	_____	_____	23. Sanitary Building Drain		_____	_____
6. Shower	5.00	_____	_____	First 75 Feet	10.00	_____	_____
7. Lavatory	5.00	_____	_____	Over 75 Feet	.35/Ft.	_____	_____
8. Laundry Tray	5.00	_____	_____	24. Storm Building Drain		_____	_____
9. Bath Tub	5.00	_____	_____	First 75 Feet	10.00	_____	_____
10. Hot Tub, Spa, Whirlpool	10.00	_____	_____	Over 75 Feet	.35/Ft.	_____	_____
11. Floor Drain	5.00	_____	_____	25. Manhole	10.00	_____	_____
12. Sight Drain	5.00	_____	_____	26. Catch Basin	5.00	_____	_____
13. Sillcock	2.00	_____	_____	27. Other _____	_____	_____	_____
14. Water Heater	5.00	_____	_____	_____	_____	_____	_____
15. Sump Pump	5.00	_____	_____	_____	_____	_____	_____
16. Ejectors or Pump	5.00	_____	_____				
17. Water Softener	5.00	_____	_____				
18. Backflow Prevention Device	5.00	_____	_____				

Minimum Permit Fee \_\_\_\_\_ \$100.00

RE-INSPECTION FEE \_\_\_\_\_ \$25.00 EACH

FAILURE TO CALL FOR INSPECTION \_\_\_\_\_ \$25.00 EACH

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the municipal ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 608-387-0121 or email l.gilles@bldgpermit.com for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL or MIN. _____	OF: _____	