



PLUMBING PERMIT APPLICATION

Submit to:
 Fax: (920) 693-3695
 Email: dlalonde@clevelandwi.gov
 Mail: Village of Cleveland
 PO Box 87
 Cleveland WI 53015

Date _____

Project Address _____

Owner _____ Phone _____

Owner Mailing Address _____

Building Type: Residential Commercial Industrial Institutional Accessory

Contractor _____ Phone _____

Contractor Address _____

Master Plumber Credential # _____ Expiration Date _____

Number	Type of Work	Number	Type of Work	Number	Type of Work
	Kitchen Sinks		Floor Drains		Urinals
	Garbage Sink Unit		Garage Floor/Drains		Drinking Fountain
	Dish Washer		Water Heater		Service Sinks
	Clothes Washer		<input type="checkbox"/> Gas <input type="checkbox"/> Electric		Catch Basin/Manhole
	Laundry Trays		Water Softener		Fire Sprinklers
	Water Closets		Turf Sprinklers		R.B.F.P.
	Lavatories		Sump Pump		Acid Tank & Piping
	Bath Tubs		Ejector Pump		Water Piping
	Showers		Manufactured Home		Alter Drain
	Bar/Sink				Deduct Meter
<input type="checkbox"/> LAY	<input type="checkbox"/> RE-LAY	<input type="checkbox"/> ALTERATION..... <input type="checkbox"/> Sewer		<input type="checkbox"/> Water	<input type="checkbox"/> Building Drain
A (size)	-inch, (material)				Water Service
A (size)	-inch, (material)				Drain Pipe (Sanitary)
A (size)	-inch, (material)				(Storm)
Other:					
<p>(1) <u>Plumbing Permit Fees.</u> Permit fee will be provided after review and approval of the application.</p> <p>(2) <u>Delinquent Permits.</u> Failure to obtain a plumbing permit prior to the start of a project results in double the regular permit fee as listed in (1).</p>			<p>(3) <u>Right of Way.</u> For any project that requires work to be performed in the Village right-of-way, please contact the Clerk's Office FIRST for the <i>Permit to Construct, Maintain or Repair Utilities within the Right-of-Way.</i></p> <p>(4) <u>Inspections.</u> Minimum of 2 business days' notice must be given to arrange for inspection. No plumbing may be covered prior to the expiration of the 2 business-day notice period.</p> <p>(5) The work done under authority of this permit must be reported within 48 hours after completion. Call Building Inspector Jane Drager at (920) 687-1110.</p>		
Project Cost \$ _____					

Name (print) _____ Signature _____
 (Plumber or Owner-Occupant of Single-Family Dwelling)

For office use only

Tax Parcel Number _____ Zoning District(s) _____ Date Approved/Fee _____
 Amt. Pd. \$ _____ Cash _____ Ck # _____ PSN Date _____ Date Permit Issued _____