

PLUMBING PERMIT APPLICATION

Submit to: Fax: (920) 693-3695 Email: village@clevelandwi.gov Village of Cleveland Mail:

Date						PO Box 87 Cleveland WI 53015
Project Add	lress					
Owner					Phone	
Owner Mai	ling Address					
Building Type: Residential Commercial Indu				strial Inst	titutional	Accessory
Contractor					Phone	
Contractor .	Address					
Master Plumber Credential #				Expiration Date		
Number	Type of Work	Number		pe of Work	Number	Type of Work
	Kitchen Sinks		Floor Drains			Urinals
	Garbage Sink Unit		Garage F	Floor/Drains		Drinking Fountain
	Dish Washer	Water H		eater		Service Sinks
	Clothes Washer		🗆 Ga	s 🗆 Electric		Catch Basin/Manhole
	Laundry Trays	Water		oftener		Fire Sprinklers
	Water Closets	Turf Spi		inklers		R.B.F.P.
	Lavatories		Sump Pu	ımp		Acid Tank & Piping
	Bath Tubs Ejector P				Water Piping	
	Showers	Manufa		ctured Home		Alter Drain
	Bar/Sink					Deduct Meter
\Box LAY	□ RE-LAY	ALTERAT	ION	Sewer	□ Water	Building Drain
A (size) -inch, (material) Water Service						
A (size) -inch, (material)				Drain Pipe (Sanitary)		
A (size) -inch, (material)				(Storm)		
Other:		,				```'
 (1) <u>Plumbing Permit Fees</u>. Permit fee will be provided after review and approval of the application. (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). 				 (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 <u>FIRST</u> for the <i>Permit to Construct, Maintain or Repair Utilities within the Right-of-Way</i>. (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. (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. 		
Project Cost \$						
Name (print)				Signature		

For office use only

Tax Parcel Number

Zoning District(s) _____ Date Approved/Fee ____

Amt. Pd. <u>\$</u>

Cash ____ Ck # ____ PSN Date ____ Date Permit Issued ____