



TOWN OF BROOKFIELD
645 N Janacek Road
Brookfield, WI 53045

**Call for
Plumbing Inspection**
Jason Chromy
(262) 364-6969

PERMIT # _____
TAX KEY# _____

(Sections above for Town use)

Plumbing Permit Application

Please fill out completely; sign and date form.

PROJECT LOCATION (Building Location)	Suite/ Unit # _____
PROJECT DESCRIPTION	☐ Commercial ☐ One & Two Family

OWNER/ TENANT NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL	TELEPHONE - WITH AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL	TELEPHONE - WITH AREA CODE
LIST ELECTRICAL CONTRACTOR FOR ALL PLUMBING REPLACEMENTS	MAILING ADDRESS W/ CITY & ZIP	TELEPHONE - WITH AREA CODE	
ESTIMATED COST	LICENSE NUMBER	CONTRACTOR LICENSE NUMBER	

SCHEDULE OF INSPECTION FEES

NEW BUILDING, ADDITION, OR REMODELING	Minimum Permit Fee +New Construction/Remodel/Additions.....	EACH	COUNT	FEE
		\$65.00 + .06/sq. ft. For all areas	_____	_____
			sq.ft.	

REPLACEMENT, MODIFICATIONS, AND MISCELLANEOUS ITEMS+BASE FEE

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Backflow Preventor.....	\$ 13.00	_____	_____	26. Sprinkler Heads (\$1.00 per Sprinkler)....	\$ 15.00	_____	_____
2. Bath Tub.....	\$ 13.00	_____	_____	27. Fire Hose Rack	\$ 10.00	_____	_____
3. Dishwasher.....	\$ 13.00	_____	_____	28. Fire Department Connection	\$ 50.00	_____	_____
4. Drinking Fountain.....	\$ 13.00	_____	_____	29. Hydrant	\$ 50.00	_____	_____
5. Ejectors or Pump.....	\$ 13.00	_____	_____	30. Fire Suppression Systems			
6. Flood/ Sight Drain.....	\$ 13.00	_____	_____	Restaurant Stoves/Fryers/Boilers.....	\$ 55.00	_____	_____
7. Garbage Disposal.....	\$ 13.00	_____	_____	31. Water Service			
8. Hot Tub/ Spa/ Whirlpool.....	\$ 13.00	_____	_____	First 100" Lateral	\$ 55.00	_____	_____
9. Laundry Tray.....	\$ 13.00	_____	_____	Over 100" Lateral (per ft.)	\$ 0.35	_____	_____
10. Shower Stall/ Mixer.....	\$ 13.00	_____	_____	32. Sanitary Sewer Hook-up (One Time Fee)	\$ 65.00	_____	_____
11. Silcock.....	\$ 13.00	_____	_____	33. Sewer Lateral Repair (per 100")	\$ 60.00	_____	_____
12. Sink.....	\$ 13.00	_____	_____	34. Manhole/Catch Basin	\$100.00	_____	_____
13. Storm Sewer Conductor.....	\$ 13.00	_____	_____	35. Sewer Ejector	\$ 55.00	_____	_____
14. Sump Pump.....	\$ 13.00	_____	_____	36. Sanitary Building Sewer			
15. Washer.....	\$ 13.00	_____	_____	First 100" Lateral	\$ 55.00	_____	_____
16. Wash Fountain.....	\$ 13.00	_____	_____	Over 100" Lateral	\$ 0.50	_____	_____
17. Water Closet/ Urinal.....	\$ 13.00	_____	_____	37. Storm Building Sewer			
18. Water Heater.....	\$ 15.00	_____	_____	First 100" Lateral	\$ 55.00	_____	_____
19. Water Softener	\$ 15.00	_____	_____	Over 100" Lateral	\$ 0.50	_____	_____
20. Acid Sink / Tank.....	\$ 20.00	_____	_____	38. Extension of House Drain	\$ 55.00	_____	_____
21. High Pressure Boiler.....	\$ 30.00	_____	_____	39. Re-Inspection	\$ 75.00	_____	_____
22. Well Abandonment.....	\$ 65.00	_____	_____	40. Failure to Call for Inspection	\$100.00	_____	_____
23. _____	\$ _____	_____	_____	41. Work Not ready for Scheduled inspection	\$100.00	_____	_____
24. _____	\$ _____	_____	_____	42. Failure to Obtain Permit			
25. Plan review	\$ 25.00	_____	_____	Double Permit Fee	\$ _____	x 2	_____

**PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE FOR PERMIT RETURN
(NO REFUNDS ON PERMITS)**

CHECK HERE FOR EMAILED PERMIT _____ **EMAIL ADDRESS:** _____

Total= \$ _____
(Minimum permit fee \$65.00)

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the permit; understands that the issuance of the permit creates no legal liability, express, or implied of the Department, Municipality, Agency, or Inspector, and certifies that the above information is accurate. Have Permit number and address when requesting Inspections.

Signature of Applicant _____ **Date** _____

FEES (Town use only)	RECEIPT	PERMIT EXPIRATION	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee \$ _____	Check # _____	Permit Expires 90 days from date unless otherwise noted below	Name _____
Receipt Number: _____	Date _____		Date _____
Date _____	From _____		Certification Number _____
	Rec. By _____		