CITY OF WATERTOWN
BUILDING SAFETY & ZONING DEPARTMENT
106 JONES STREET, WATERTOWN WI 53094
Phone # 920-262-4060 - Fax # 920-262-4058
www.ci.watertown.wi.us

Permit No. _____

Date: _____

PLUMBING APPLICATION AND PERMIT

****City Utilities Code Chapter 17 requires Type K copper for Water Service. ****

The undersigned hereby makes application for a permit to lay a _____ inch PVC ☐ C.I. ☐ Clay ☐
Building Sanitary Sewer ---- Main to Lot Line ☐ Lot Line to Building ☐

TYPE: Single ☐ Comm. ☐ Multi-Family ☐ Repair ☐ Remodel ☐

Property located at _____ **Plumbing License #** _____

Owner's Name _____

Contractor Company Name _____ **Owner or Plumber's Signature** _____

Contractor Address _____ **Phone #** _____

In performance of this work the undersigned owner (or his authorized agent) of said premises and his authorized plumber and drain layer hereby agrees to the Rules & Regulations prescribed by the State Plumbing Code (COMM. Chs. 81-86) and the City of Watertown Plumbing Code Chapters 15 & 17.

The Plumbing Inspector shall be notified when rough-in work has been completed and test is being applied. If inspection has not been made within 24 hours after notification, rough-in work may be covered up.

DRAIN OR WATER CONNECTIONS CONSISTING OF:

	NO.		NO.	FAILURE TO TAKE OUT PERMIT BEFORE WORK IS STARTED -DOUBLE FEE--	
Automatic Washer		Janitor Sink		**ADMINISTRATION FEES (plus fixtures unless noted.)**	**$35.00**
Bar & Soda Waste		Laundry Tub			
Bath Tub		Sewage Ejector		New Water Heater – Electric Gas $7.00	
Elec. Water Cooler		Shower Stall		**Water Heater Replacement Electric or Gas** ***Charge is administration fee only. ***	
Catch Basin		Sink (kitchen)		Water Treatment Device (water softener) $ 7.00	
Dish Washer		Site Drain		Sanitary /Clearwater Sump _____ X $7.00	
Dental Cuspidor		Urinal		Hose Faucet _____ x $7.00 each	
Floor Drain		Wash Basin		**Each Drain Opening** _____ X $7.00	
Garbage Disposer		Water Closet		** Sanitary Sewer & Water $30.00	
Grease Interceptor					
				TOTAL	**$**
		Take total number from these columns & enter into Each Drain Opening section.		**RE-INSPECTION FEES $25.00**	

Inspections:

S&W Lateral ☐	**SWV Piping ☐**	**Building Drain ☐**	**Final ☐**

RECEIVED BY: _____ CHECK # _____ _____ **(PLUMBING INSPECTOR)**
920-262-4061

DATE _____ **RECEIPT #** _____ _____ **(PARCEL NUMBER)**