CITY OF WATERTOWN
BUILDING SAFETY & ZONING DEPARTMENT
PO BOX 477, 106 JONES STREET
WATERTOWN WI 53094
Phone # 920-262-4060 - Fax # 920-262-4058
www.ci.watertown.wi.us

FOR OFFICE USE ONLY

Permit #:_____

Date: _____

PLUMBING APPLICATION AND PERMIT

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 _____ **Owner's Name** _____

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

Contractor Address _____ **Phone #** _____

Contractor Email Address _____ **Plumbing License #** _____

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. 82-86) 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: **FAILURE TO TAKE OUT PERMIT BEFORE WORK IS STARTED -DOUBLE FEE--**

	NO.		NO.		
Automatic Washer		Janitor Sink		Sanitary/Storm Sewer & Water $30.00	
Bar & Soda Waste		Laundry Tub		Water Treatment Device (water softener) $ 7.00	
Bath Tub		Sewage Ejector		Sanitary /Clearwater Sump _____ X $ 7.00	
Elec. Water Cooler		Shower Stall		Hose Faucet _____ x $ 7.00	
Catch Basin		Sink (kitchen)		**Each Drain Opening** _____ X $ 7.00	
Dish Washer		Site Drain		**New** Water Heater - Electric Gas $7.00	
Dental Cuspidor		Urinal		**Water Heater Replacement Electric or Gas** ***If only permit item, the total permit fee shall be the $35.00 administration fee only. ***	$35.00
Floor Drain		Wash Basin			
Garbage Disposer		Water Closet		**ADMINISTRATION FEES - (UNLESS PERMIT IS FOR REPLACEMENT WATER HEATER ONLY)**	**+$35.00**
Grease Interceptor				**TOTAL**	**$**
		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: _____ CASH CHECK # _____ _____**(PLUMBING INSPECTOR)**
920-262-4061

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

Revised 7/24/2014