

**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: **FAILURE TO TAKE OUT PERMIT BEFORE WORK IS STARTED**
NO. NO. -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		<u>Each Drain Opening</u> _____ X \$7.00	
Garbage Disposer		Water Closet		** Sanitary Sewer & Water \$30.00	
Grease Interceptor					
				TOTAL	\$
		Take total number from these columns & enter into <u>Each Drain Opening</u> section.		RE-INSPECTION FEES	\$25.00

Inspections:

S&W Lateral <input type="checkbox"/>	SWV Piping <input type="checkbox"/>	Building Drain <input type="checkbox"/>	Final <input type="checkbox"/>
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RECEIVED BY: _____ CHECK # _____ (PLUMBING INSPECTOR)
 DATE _____ RECEIPT # _____ 920-262-4061
 (PARCEL NUMBER)