

**PLUMBING PERMIT  
TOWN OF JACKSON**

PLEASE PRINT

Plumber's Name	Street	City	Zip Code	Telephone

  

Owner's Name	Job Address	City	Zip Code	Telephone

<u>FIXTURES</u>	<u>CHARGES</u>	
Sinks..... _____	Fixture Outlets Each .....	\$10.00 _____
Wash Basins..... _____	Water Heater.....	\$10.00 _____
Bath Tubs..... _____	Water Softener.....	\$10.00 _____
Water Closets..... _____	Iron Filter .....	\$10.00 _____
Laundry Tubs .....	Building Drain .....	\$50.00 _____
Floor Drains .....	Water Supply .....	\$50.00 _____
Drinking Fountains..... _____	Sanitary Sewer Lateral	
Dish Washers .....	1 <sup>st</sup> 100 feet .....	\$50.00 _____
Urinals .....	Each Foot Thereafter	\$0.50 _____
Showers .....	Storm Sewer Lateral	
Garbage Disposal .....	1 <sup>st</sup> 100 feet .....	\$50.00 _____
Bar Connection .....	Each Foot Thereafter	\$0.50 _____
Sump Pump .....		
Hose Bibbs .....		
Misc. Outlets (not listed).. _____		
<b>TOTAL NUMBER ....</b> _____		

**SUBTOTAL** \_\_\_\_\_

**\*BASE PERMIT FEE FOR EACH APPLICATION**     \$50    

**TOTAL APPLICATION FEE** \_\_\_\_\_

*\*Please note: Permit Fee will be doubled if work commences before obtaining permit \_\_\_\_\_*

**(INFORMATION MUST BE COMPLETED IN FULL OR PERMIT CANNOT BE PROCESSED)**

The applicant agrees to comply with the Wisconsin Uniform Dwelling Code and other Municipal Ordinances and with the conditions of this permit/ understands that the issuance of the permit creates no legal liability, express or implied, within the Department or Municipality; and, certifies that all the above information is accurate.

Signature of Plumber \_\_\_\_\_ Date \_\_\_\_\_

MP License # \_\_\_\_\_ Email \_\_\_\_\_

Gordon Hoffmann, Plumbing Inspector • 2726 Maple Road, Jackson WI 53037 • 262.677.2270 • ghoffmann@nconnect.net

Checks payable to the Town of Jackson