

# Village of Lannon

20399 W Main Street  
P.O. Box 456  
Lannon, WI 53046

For Inspections Call:  
262-825-8820

|                   |
|-------------------|
| Permit NO.        |
| TAX KEY #         |
| BUILDING PERMIT # |

## Plumbing Permit Application

|  |   |
|--|---|
| Project Location<br>(Building Address) |   |
| Project Description                    | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND TWO FAMILY |

|              |                                      |                               |
|--------------|--------------------------------------|-------------------------------|
| Owner's Name | Mailing Address - Include City & Zip | Telephone - Include Area Code |
|--------------|--------------------------------------|-------------------------------|

|                   |                                      |                               |
|-------------------|--------------------------------------|-------------------------------|
| Contractor's Name | Mailing Address - Include City & Zip | Telephone - Include Area Code |
|-------------------|--------------------------------------|-------------------------------|

|                |       |                |
|----------------|-------|----------------|
| Estimated Cost | Email | License Number |
|----------------|-------|----------------|

| SCHEDULE INSPECTION FEES |  | EACH        | COUNT         | FEE   |
|--------------------------|--|-------------|---------------|-------|
| NEW BUILDING             | Basic Fee.....                             | \$100/\$150 | _____         | _____ |
|                          | Plus (For All Areas).... Residential \$100 | .08/Sq. Ft. | _____ Sq. Ft. | _____ |
|                          | ..... Commercial \$150                     | .10/Sq. Ft. | _____ Sq. Ft. | _____ |

### REPLACEMENT, MODIFICATIONS AND MISC. ITEMS

|                                 | EACH  | COUNT | FEE   |                                    | EACH   | COUNT | FEE   |
|---------------------------------|-------|-------|-------|------------------------------------|--------|-------|-------|
| 1. Automatic Washer             | 8.00  | _____ | _____ | 25. Fire suppression Systems-      |        |       |       |
| 2. Sink/Dishwasher              | 8.00  | _____ | _____ | Restaurant Stoves, Fryers, Boilers | 20.00  | _____ | _____ |
| 3. Garbage Grinder              | 8.00  | _____ | _____ | 26. Sanitary Building Drain        |        |       |       |
| 4. Water Closet/Urinal          | 8.00  | _____ | _____ | First 75 Feet                      | 75.00  | _____ | _____ |
| 5. Shower/Lavatory              | 8.00  | _____ | _____ | Over 75 Feet                       | .50/ft | _____ | _____ |
| 6. Laundry Tray                 | 8.00  | _____ | _____ | 27. Storm Building Drain           |        |       |       |
| 7. Bath Tub                     | 8.00  | _____ | _____ | First 75 Feet                      | 20.00  | _____ | _____ |
| 8. Hot Tub, Spa, Whirlpool      | 12.00 | _____ | _____ | Over 75 Feet                       | .50/ft | _____ | _____ |
| 9. High Pressure Boiler         | 30.00 | _____ | _____ | 28. Manhole                        | 15.00  | _____ | _____ |
| 10. Drinking Fountain           | 8.00  | _____ | _____ | 29. Catch Basin                    | 8.00   | _____ | _____ |
| 11. Floor Drain/Slight Drain    | 8.00  | _____ | _____ | 30. Water Service                  |        |       |       |
| 12. Sillcock                    | 8.00  | _____ | _____ | First 100 Ft. Lateral              | 75.00  | _____ | _____ |
| 13. Water Heater                | 8.00  | _____ | _____ | Over 100 Ft. Lateral               | .50/ft | _____ | _____ |
| 14. Wash Fountain               | 8.00  | _____ | _____ | 31. Sanitary Building Sewer        |        |       |       |
| 15. Sump Pump                   | 8.00  | _____ | _____ | First 100 Ft. Lateral              | 60.00  | _____ | _____ |
| 16. Ejectors or Pump            | 8.00  | _____ | _____ | Over 100 Ft. Lateral               | .50/ft | _____ | _____ |
| 17. Water Softener              | 8.00  | _____ | _____ | 32. Storm Building Sewer           |        |       |       |
| 18. Storm Sewer Conductor       | 8.00  | _____ | _____ | First 100 Ft. Lateral              | 60.00  | _____ | _____ |
| 19. Backflow Prevention Device  | 8.00  | _____ | _____ | Over 100 Ft. Lateral               | .50/ft | _____ | _____ |
| 20. Plan Review                 | 20.00 | _____ | _____ | 33. Extension of House Drain       |        |       |       |
| 21. Sprinkler Heads(15c ea.)MIN | 20.00 | _____ | _____ | Where Fixtures                     |        |       |       |
| 22. File Hose Rack              | 8.00  | _____ | _____ | Already Installed                  | 60.00  | _____ | _____ |
| 23. File Department Connection  | 8.00  | _____ | _____ | 34. Septic Abandonment             | 60.00  | _____ | _____ |
| 24. Hydrant                     | 8.00  | _____ | _____ | 35. Other _____                    | 30.00  | _____ | _____ |

Minimum Permit Fee..... Residential \$100.00 / Commercial \$175.00

Reinspect Fee..... \$125.00 Each **20% Admin Fee must be**

Failure to call for inspection..... \$125.00 Each **added to all permits**

**TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED**

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agent or Inspector, and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hour notice.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

| FEES                 | RECEIPT      | PERMIT EXPIRATION:   | PERMIT ISSUED BY MUNICIPAL AGENT |
|----------------------|--------------|--|----------------------------------|
| Inspection Fee _____ | CK # _____   | Permit Expires 90 Days from date unless otherwise noted below: | Name _____                       |
| 20% Admin Fee _____  | Date _____   | _____  | Date _____                       |
| Total _____          | From _____   | No refunds on permits and are non-transferable                 | Cert.No. _____                   |
|                      | Rec.By _____ |  |                                  |