



**CITY OF WAUPACA  
DEPARTMENT OF INSPECTION  
111 S. MAIN STREET  
WAUPACA, WI 54981  
PHONE: 715-942-9908 · FAX: 715-258-4426**

**APPLICATION FOR PLUMBING PERMIT**

DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ PARCEL NO: \_\_\_\_\_

OCCUPANCY:     RESIDENCE     COMMERCIAL     INDUSTRIAL     INSTITUTIONAL     REMODEL

| Number  | Type of Work      | Number | Type of Work   | Number | Type of Work        |
|---|-------------------|--------|--|--------|---------------------|
|   | Kitchen Sinks     |        | Floor Drains   |        | Urinals             |
|   | Garbage Sink Unit |        | Garage Floor/Drains  |        | Drinking Fountain   |
|   | Dish Washer       |        | Water Heater   |        | Service Sinks       |
|   | Clothes Washer    |        | <input type="checkbox"/> Gas <input type="checkbox"/> Electric |        | Catch Basin/Manhole |
|   | Laundry Trays     |        | Water Softener   |        | Fire Sprinklers     |
|   | Water Closets     |        | Turf Sprinklers  |        | R.B.F.P.            |
|   | Lavatories        |        | Sump Pump  |        | Acid Tank & Piping  |
|   | Bath Tubs         |        | Ejector Pump   |        | Water Piping        |
|   | Showers           |        | Manufactured Home  |        | Alter Drain         |
|   | Bar/Sink          |        |  |        | Deduct Meter        |
| <input type="checkbox"/> LAY <input type="checkbox"/> RE-LAY <input type="checkbox"/> ALTER ..... <input type="checkbox"/> Sewer <input type="checkbox"/> Water <input type="checkbox"/> Building Drain |                   |        |  |        |                     |
| A _____ inch _____ Water Service  |                   |        |  |        |                     |
| A _____ inch _____ Drain Pipe (Sanitary).   |                   |        |  |        |                     |
| A _____ inches (Storm)  |                   |        |  |        |                     |
| Other:  |                   |        |  |        |                     |

State approved plan required?     Yes     No    Project Cost: \$ \_\_\_\_\_

Transaction ID # \_\_\_\_\_ Site ID # \_\_\_\_\_

Delinquent Permits: Failure to obtain a plumbing permit prior to the start of a project results in double the regular permit fee.

Inspections: Minimum 2-business days' notice must be given to arrange for inspection.

In consideration of the issuance of the permit the applicant agrees to faithfully comply with all laws and regulations of the State of Wisconsin and of the Ordinances of the City of Waupaca.

NAME OF CONTRACTOR/INSTALLER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MASTER PLUMBER LICENSE#: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PLUMBING CONTRACTOR/APPLICANT'S SIGNATURE: \_\_\_\_\_