

TOWN OF CEDARBURG

Preserving Yesterday's Heritage for Tomorrow.

1293 Washington Avenue
Cedarburg, Wisconsin 53012-9304

PLUMBING PERMIT

TAX KEY # _____ PERMIT # _____

JOB ADDRESS _____

OWNER'S NAME _____ TELEPHONE (_____) _____

PLUMBER _____ TELEPHONE (_____) _____

ADDRESS / CITY / ZIP CODE _____

MASTER PLUMBER LICENSE # _____

RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____

PLUMBING ITEMS	QTY	AMT. EACH	FEE
1. Sink (Lav/Kitchen/Bar)		7.00	
2. Bath Tub/Shower		7.00	
3. Spa, Jacuzzi, Whirlpool, etc.		7.00	
4. Toilet/Urinal		7.00	
5. Laundry Tub		7.00	
6. Floor Drain		7.00	
7. Drinking Fountain		7.00	
8. Dishwasher/Washer Connection		7.00	
9. Garbage Disposal		7.00	
10 Grease Trap		7.00	
11 Back Flow Devices		7.00	
12 Lawn Sprinkler System		7.00	
13 Sump Pump/Sanitary Sump Crock		7.00	
14 . Hose Bib		7.00	
15 Water Softener		7.00	
16 . Water Treatment Device		7.00	
17 Water Meter		7.00	
18 Water Heater (Gas or Electric)		7.00	
19 Well Connection (Inside Connection to Pressure Tank		7.00	
20 DOUBLE FEE FOR WORK DONE BEFORE PERMIT		7.00	
21 BASE FEE (In addition to item amounts above)		25.00	+25.00
Water heater/Softener Replacement		25.00	
Ozaukee County Sanitary Septic Inspection		35.00	
TOTAL PERMIT FEE			\$

This permit issued by the Plumbing Inspector's office of the town of Cedarburg to construct, erect, alter or install as described. The work must be done in accordance with the description herein set forth and more fully described in the specifications and plans herewith filed and in strict compliance with the Plumbing Ordinances of the Town of Cedarburg and the State Plumbing Code. All lawful orders of the Plumbing Inspector made or issued by virtue of the provisions of said ordinances must be obeyed AND ALL WORK MUST INSPECTED. In the event a re-inspection is necessary, a \$50.00 fee will be charged for each re-inspection. This fee must be paid before the occupancy permit is issued. **ALL FEES PAYABLE TO: TOWN OF CEDARBURG. ALL WORK MUST BE INSPECTED BY THE BUILDING INSPECTOR. CALL 262-375-1349 FOR INSPECTIONS.**

SIGNATURE OF PLUMBER _____ DATE _____

FOR OFFICE USE:		
DATE RECEIVED _____	RECEIPT # _____	AMOUNT PAID \$ _____

WHITE - INSPECTOR/FILE COPY YELLOW - TOWN COPY PINK - OWNER COPY Revised 1/2008

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Website: www.town.cedarburg.wi.us