CITY OF BROOKFIELD

Inspection Services Department
2000 North Calhoun Road
Brookfield, WI 53005
Phone: 262-796-6683
http://www.ci.brookfield.wi.us

PROPERTY TAX ID	2/16
APPLICATION #	
DSPS #	
Date Issued	☐ BLDG PERMIT

PLUMBING PERMIT APPLICATION

☐ Residential ☐ Commercial
☐ New ☐ Alteration

Street Address: _____ **Suite/Unit No.** _____

Applicant is: ☐ Contractor ☐ Homeowner | Property Owner Name: | Phone:

Contractor: _____ **Phone:** _____ **Fax:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

State Credential No: _____

FIXTURE OR ITEM

QTY	FIXTURE	QTY	FIXTURE
____	Air Admittance Valve	____	Interceptor
____	Area or Deck Drain	____	Kitchen Sink
____	Back Flow Preventer	____	Laundry Tub
____	Bar Sink	____	Lavatory
____	Bathtub	____	Lawn Irrigation
____	Beer Tap	____	Manhole
____	Beverage Dispenser	____	Pedicure Chair
____	Bidet	____	Pot Sink
____	Carbonator	____	Pressure Reduce Valve
____	Case Drain	____	Prep Sink
____	Catch Basin	____	Roof Drain
____	Coffee Maker	____	Service/Mop Sink
____	Dental Device	____	Shampoo Sink
____	Dishwasher	____	Shower Stall/Mixer
____	Drinking Fountain	____	Sink
____	Emergency Eye Wash	____	Sump Pump
____	Ejector Pump	____	Urinal
____	Floor Drain	____	Washer Connection
____	Garbage Disposal	____	Water Closet (Toilet)
____	Hose Bibb	____	Water Heater
____	Hub/Receptor	____	Water Outlet
____	Ice Compartment	____	Water Treatment Device
____	Ice Maker	____	_____

QUANTITY X $13.25 SUBTOTAL =	

LATERALS & CONNECTIONS

The prices listed below are for the first 100'. Over 100' is an additional $.43 per foot.

	QTY	FEE	TOTAL
Sanitary Bldg. Drain (_____linear ft.)		$55	
Sanitary Bldg. Sewer (_____linear ft.)		$55	
Storm Drain (_____linear ft.)		$55	
Water Service (_____linear ft.)		$55	
Backwater Valve (Req'd for new single-family homes)		$55	
Exterior Line Repair: ☐ Drain ☐ Sewer ☐ Water		$55	
Seal/Abandon: ☐ Sewer ☐ Water		$55	
Connection to City Water Size: (Pressure exceeding 80 psig requires PRV)		$55	
Meter Setup/Deduct Meter		$55	
Re-Inspection Fee		$55	
Additional Footage		.44¢	
Other/Misc:			
SUBTOTAL =			

Fixtures Subtotal	=
Laterals Subtotal	=
TRIPLE FEE x 3	=
Total Permit Fee	**$**

GENERAL: The application must be filled out completely & submitted with the required fees or it will be rejected and returned. Plumbing work shall not be started until the approved plumbing permit is received by the contractor/homeowner. Work started prior to receiving an approved permit will be required to pay a **TRIPLE** fee. The Conditional Plan Approval must be submitted with application for projects that require DSPS plan review. Water service and sewer repair, and water heater replacements will be considered emergency work. Permit is to be submitted within 24 hours of the start of the job.
The minimum permit fee is not refundable.

INSPECTIONS: Request by phone (262)796-6683. Request received before 8:00 am will, if possible, be scheduled for that day. The following information must be given:

● ***APPLICATION NUMBER*** ● ***AM (8am-Noon) or PM (Noon-2:30pm)***

APPLICANT SIGNATURE: ****MINIMUM PERMIT FEE IS $55.00***

The undersigned applicant agrees to comply with the ordinances of the City of Brookfield and all laws of the State of Wisconsin. Applicant is obligated to ensure that all required inspections and final inspection is made.

Master Plumber/Homeowner: _____ **Date:** _____