



# CITY OF BROOKFIELD

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

PROP. TAX ID: _____
APPLICATION # _____
DATE ISSUED: _____
<input type="checkbox"/> BLDG PERMIT

<b>PLUMBING PERMIT APPLICATION</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
	<input type="checkbox"/> New <input type="checkbox"/> Alteration

Street Address: \_\_\_\_\_ Suite/Unit No. \_\_\_\_\_

Applicant is: <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	Property Owner Name: _____	Phone: _____
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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	___	
<b>QUANTITY X \$14.25</b>			
<b>SUBTOTAL =</b>			

LATERALS & CONNECTIONS			
The prices listed below are for the first 100'. Over 100' is an additional \$.47 per foot.			
	QTY	FEE	TOTAL
Sanitary Bldg. Drain ( _____ linear ft.)		\$57.25	
Sanitary Bldg. Sewer ( _____ linear ft.)		\$57.25	
Storm Drain ( _____ linear ft.)		\$57.25	
Water Service ( _____ linear ft.)		\$57.25	
Backwater Valve (Req'd for new single-family homes)		\$57.25	
Exterior Line Repair: <input type="checkbox"/> Drain <input type="checkbox"/> Sewer <input type="checkbox"/> Water		\$57.25	
Seal/Abandon: <input type="checkbox"/> Sewer <input type="checkbox"/> Water		\$57.25	
Connection to City Water Size: (Pressure exceeding 80 psig requires PRV)		\$57.25	
Meter Setup/Deduct Meter		\$57.25	
Re-Inspection Fee		\$57.25	
Additional Footage		.47¢	
Other/Misc:			
<b>SUBTOTAL =</b>			

Fixtures Subtotal	=	
Laterals Subtotal	=	
TRIPLE FEE x 3 (where applicable)	=	
<b>Total Permit Fee</b>	<b>\$</b>	

**\*MINIMUM PERMIT FEE IS \$57.25**

**ALL PERMITS  
REQUIRE INSPECTION**

**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:**

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: \_\_\_\_\_

INSPECTION DATE	PURPOSE OF INSPECTION	INSPECTION NOTES