

Village of Wind Point Plumbing Permit Application



Submit applications with fees to: Village Office, 215 E. Four Mile Rd., Racine, WI 53402. Make checks payable to Village of Wind Point. A self-addressed stamped envelope must be included with mailed applications for the permit placard and receipt to be returned to you. For questions or to request an inspection, call the Plumbing Inspector Rick Herman at 262-498-3191. Permits are valid for one year from the date of issuance.

APPLICANT INFORMATION

Application Date: _____ Property Address: _____
 Plumber/Contractor: _____ Phone: _____
 Plumber/Contractor Email: _____ License No. _____
 Homeowner Name: _____ Homeowner Phone: _____
 Project Cost: _____

| DESCRIPTION | COST | FEE |
|---|----------------|---------|
| Base Fee (Required) | \$50.00 | \$50.00 |
| Inside Sewer: # _____ | \$30.00/ea | |
| Water Softeners: # _____ | \$30.00/ea | |
| Water Closets: # _____ Lavatory: # _____ Bath Tubs: # _____ Sinks: # _____ Showers: # _____ Laundry Tubs: # _____ Washing Cont.: # _____ Floor Drains: # _____ Water Heaters: # _____ Dishwashers: # _____ Disposers: # _____ Frost Proof: # _____ Sump Pump: # _____ San/Ejector Pumps: # _____ Boilers: # _____ Bar Sinks: # _____ Ice Makers: # _____ Ice Cube Sinks: # _____ Bubblers: # _____ Grease Traps: # _____ Studer Vent: # _____ Wash Basins: # _____ Backflow Preventers: # _____ Downspouts: # _____ Catchbasins: # _____ Lawn Faucets: # _____ Other: # _____ | \$8.00/ea | |
| All New Construction: # _____ sq. ft. | \$0.05/sq. ft. | |
| SUBTOTAL | | |
| 20% Administrative Fee (Subtotal x 20%) = | | |
| TOTAL PERMIT FEE | | |

REMARKS

APPLICANT SIGNATURE

Applicant agrees to comply with Village Ordinances, state statutes, federal regulations and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Village or Inspector; and certifies that all the above information is accurate.

SIGNATURE: _____ **DATE:** _____

For Office Use Only

DATE FILED: _____ AMOUNT PAID: _____ RECEIPT #: _____
 RECEIVED BY: _____ FINAL INSPECTION DATE: _____
 INSPECTOR SIGNATURE: _____