



Plumbing Permit Application

I hereby apply for a permit to do and install the following plumbing on the premises hereinafter described, the work to conform to the Wisconsin State Plumbing Code, in the performance of which all parties hereto agree to and are bound by said statutes.

- Application(s) and fee(s) can be brought to City Hall, Room 205 or mailed to Inspection Services, PO Box 1128, Oshkosh WI 54903-1128. Commencing work without permit(s) will result in fees being doubled or \$100.00 plus the normal permit fee, which ever is greater.

OR

If you are a contractor participating in the Permit Fee Account System and have adequate funds, check here if you want this processed through your account

**** Advisory - For applicable projects, an Electrical Installation Verification (EIV) form, signed by the Electrical Contractor or Homeowner (for installations allowed to be performed by the homeowner) must be submitted with the permit application. Applications submitted without an EIV when such is required, will not be processed for Permit Issuance and will be returned for completion.**

Job Address _____ **Value** (Including labor and materials) _____ **Date** _____

Owner _____ **Contractor** _____
 Single Family Duplex Multi-Family Rental Commercial Industrial

Number of Fixtures:

Bathub _____	Sump Pump _____	Plaster Sink _____	Roof Drain _____
Shower _____	San. Sump/Pump _____	Scullery Sink _____	Soda Disp _____
Whirlpool _____	Water Softener _____	Service Sink _____	Coffee Mkr _____
Lavatory _____	Standpipe Rec _____	Shamp Sink _____	Site Drain _____
Toilet _____	Garage FD _____	Surgeons Sink _____	Waitrs Stn _____
Kit Sink _____	Local Waste _____	Sterilizer _____	Ice Chest _____
Disposal _____	Bar Sink _____	RPZ Valve _____	Comm Ice Maker _____
Dishwasher _____	Breakrm Sink _____	Bidet _____	Int Grease Trap _____
Floor Drain _____	Classrm Sink _____	Urinal _____	Ext Grease Trap _____
Hose Bibb _____	Exam Sink _____	Beer Tap _____	Eye Wash Stn _____
Water Heater _____	F Prep Sink _____	Dipper Well _____	Deduct Meter _____
<input type="checkbox"/> Gas <input type="checkbox"/> Elect <input type="checkbox"/> PwrVnt	Floor Sink _____	Drink Fntn _____	Wtr Sewer Mtr _____
Clothes Wshr _____	Hand Sink _____	Wash Fntn _____	Wtr Usage Mtr _____
Lndry Tray _____	Lab Sink _____	Catch Basin _____	Misc Fixtures _____

Electric Contractor (for projects not requiring an EIV Form) _____

Use / Nature of Work _____

	Size	Material	Type	#	Conn. Type
Sanitary Sewer					
Storm Sewer					
Water Service					