

PLUMBING

PERMIT APPLICATION

City of Marshfield Building Services
 630 South Central Avenue, Suite 602
 Marshfield WI 54449
 Telephone: 715-486-2016
 www.ci.marshfield.wi.us



Date of Application
Zoning District
Parcel Number
Date Permit Issued
Permit Number

PROPERTY INFORMATION

Project Address	Commercial or Residential Property? <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Property Owner Name	Property Owner Telephone
Property Owner Address, City, State, Zip Code	Property Owner Email Address

PROJECT SCOPE OF WORK - To avoid permitting delays, please provide a detailed and complete description of the work to be completed.

MASTER PLUMBER OR UTILITY CONTRACTOR INFORMATION

PLUMBING OR UTILITY CONTRACTOR NAME		Master Plumber No.	Expiration Date
Address, City, State, Zip Code		Utility No.	Expiration Date
Telephone	Email Address	Contractor Notes	

PERMIT FEES - PLUMBING - The fees must be paid before a permit will be issued.

FIXTURE COUNT

<input type="checkbox"/> Automatic washer	<input type="checkbox"/> Food grinder	<input type="checkbox"/> Roof drain	<input type="checkbox"/> Sink - Examination	<input type="checkbox"/> Sink - Shampoo	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Bath tub	<input type="checkbox"/> Floor sink/drain	<input type="checkbox"/> Sewage ejector	<input type="checkbox"/> Sink - Kitchen	<input type="checkbox"/> Sump pump	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Catch basin	<input type="checkbox"/> Laundry tub	<input type="checkbox"/> Sink - Bar	<input type="checkbox"/> Sink - Lab	<input type="checkbox"/> Urinal	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Sink - Breakroom	<input type="checkbox"/> Sink - Restaurant	<input type="checkbox"/> Water closet	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Drinking fountain	<input type="checkbox"/> Open site drain	<input type="checkbox"/> Sink - Dental	<input type="checkbox"/> Sink - Service	<input type="checkbox"/> Water heater	0	TOTAL FIXTURES

CITY OF MARSHFIELD FEES	Quantity	x	Cost	=	Amount
Total number of fixtures (from Fixture Count above)	_____	x	\$10.00	=	_____
Backflow preventer	_____	x	\$15.00	=	_____
Grease interceptor	_____	x	\$15.00	=	_____
Manufactured home connector	_____	x	\$20.00	=	_____
Modify water distribution system	_____	x	\$30.00	=	_____
Modify drain-waste-vent system	_____	x	\$30.00	=	_____
Private interceptor main sewer	_____	x	\$10.00/100'	=	_____
Private water main	_____	x	\$10.00/100'	=	_____
Sanitary sewer (new, alterations, repairs, remodels, and replacements)	_____	x	\$30.00	=	_____
Sprinkler meter	_____	x	\$15.00	=	_____
Storm sewer (new, alterations, repairs, remodels, and replacements)	_____	x	\$30.00	=	_____
Water/fire service (new, alterations, repairs, remodels, and replacements)	_____	x	\$30.00	=	_____
2" service piping (plus \$2.00 per inch over 2")	_____	x	\$2.00	=	_____
Water softener	_____	x	\$15.00	=	_____
Water heater - change in energy source	_____		\$15.00	=	_____

ENGINEERING DEPARTMENT FEE	Quantity	x	Cost	=	Amount
Excavating Permit (in city right-of-way)	_____	x	\$25.00	=	_____
Bill road repair to: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other	_____			=	_____

MARSHFIELD UTILITIES FEES	Quantity	x	Cost	=	Amount
Water tap 3/4"	_____	x	\$121.00	=	_____
Water tap 1" (Water taps over 1" will be billed by Marshfield Utilities)	_____	x	\$121.00	=	_____

WASTEWATER FEES (charged on all new and additional sanitary fixtures)	Quantity	x	Cost	=	Amount
Residential	_____	x	\$100.00	=	_____
Commercial	_____	x	\$100.00	=	_____
Industrial	_____	x	\$100.00	=	_____

MINIMUM FEE	Quantity	x	Cost	=	Amount
	_____	x	\$40.00	=	_____

PENALTIES				=	Amount
Failure to obtain a permit before starting of any work (except emergency work)	_____		The lesser of \$ 100.00 or 2x the cost of permit	=	_____

FEE TOTAL = _____

Continued on following page

PERMIT HOLDER CERTIFICATION

By my signature, I acknowledge, accept, and certify that:

- * The information provided in this permit application is complete, accurate, and true;
- * This is only an application for a permit for a desired project;
- * The desired project is not to start without an issued permit or documented consent to begin;
- * The project will be in conformance with the Wisconsin Uniform Plumbing Code and the Marshfield Municipal Code, as applicable;
- * The project will be in conformance with the submitted/approved plans (if the project is required to be reviewed/approved); and
- * I am responsible for the requesting of all required inspections of the project in a timely manner.

Print Name (must be legible)	Signature	Application Date	Yes No	
			Contractor?	<input type="checkbox"/> <input type="checkbox"/>
			Property Owner?	<input type="checkbox"/> <input type="checkbox"/>

If yes, complete Contractor Information on p. 1
If yes, sign Cautionary Statement below

CAUTIONARY STATEMENT OF PROPERTY OWNER OBTAINING AN PLUMBING PERMIT

This statement is made for the purpose of complying with the provisions of State of Wisconsin Statute 145.06 and shall be attached to and become a part of the Plumbing Permit.

- * I am applying for an Plumbing Permit to do plumbing work in a single-family dwelling occupied by myself.
- * I assume responsibility for notifying the Plumbing Inspector as required by the Wisconsin Chapter SPS 382.21 (b)
- * A minimum of two inspections are needed for the rough-in plumbing systems and the final plumbing systems. Additional inspections to follow up on non-conforming systems may be required.
- * I understand that my failure to notify the Plumbing Inspector of required inspections may result in the removal of completed work to allow for inspection and/or a monetary penalty. The Plumbing Permit as issued may also be revoked.

Signature	Date