

City Of Madison
PLUMBING
Permit Data Sheet

City of Madison
**Neighborhood Preservation &
 Inspection Division**
 P.O. Box 2984
 Madison, WI 53701-2984

Project Address _____
Street Address (PLEASE PRINT)

Owner _____ **Mailing Address** _____
Name (PLEASE PRINT)

Plumbing Contractor _____
(PLEASE PRINT)

Mailing Address _____ **Phone** _____

- | | | |
|--|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration to existing building |
| <input type="checkbox"/> Combination (Alt. & Add.) | <input type="checkbox"/> Replacement | |
| <input type="checkbox"/> Single family home | <input type="checkbox"/> Two unit residential | <input type="checkbox"/> 3 or more unit res. <input type="checkbox"/> Other commercial |

Description of Work Being Performed: _____

Fees

Existing Buildings (List type and number of various fixtures being installed.)

Type of Fixture	Qty (#)	Type of Fixture	Qty (#)	Type of Fixture	Qty (#)

Total Number of Appliances & Fixtures _____ @ \$6.00 ea. (Min. Fee \$15.00) = \$ _____

Building sanitary sewer Building storm sewer _____ ft. @ \$15.00/100 ft. or fraction = \$ _____
Lin. Feet

Water Main (private or services) _____ ft. @ \$15.00/100 ft. or fraction = \$ _____
Lin. Feet

Late Filing Fee : (Double the regular permit fee when required by the inspector) _____ \$ _____

Total Inspection Fee \$ _____

New Buildings and Additions: Call the inspection office for the permit fees. (These are based on floor area.)

Inspection Fee \$ _____