

# City of Delafield

500 Genesee St.

Delafield, WI 53018

(Lower Level)

Phone: (262) 490-8222

Fax: (262) 646-6223

Plumbing Inspector: Scott Hussinger

Office Hours: Monday – Thursday 10:30am – 12:30pm

Inspection Hours: 8am – 5pm

Notice Required for Inspection:

Email: [shussinger@ci.delafield.wi.us](mailto:shussinger@ci.delafield.wi.us)

Website: <http://www.cityofdelafield.com/130/Building-Inspection>

*Additional important contacts:*

*Street Work:*

Paul Zellner – DPW (262) 6225

*Water Service:*

Paul Zellner – DPW (262) 646-6225



**500 Genesee Street  
Delafield, WI 53018  
Phone (262) 490-8222**

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

# Plumbing Permit Application

<b>PROJECT LOCATION</b> (Building Address)	
<b>PROJECT DESCRIPTION</b>	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	BONDING/INSURANCE COMPANY	MASTER PLUMBER'S LICENSE NUMBER

SCHEDULE OF INSPECTION FEES		EACH	COUNT	FEE
<b>NEW BUILDING</b>	Base Fee .....	\$35.00	_____	_____
	Plus .....	.05/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS							
	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	6.00	_____	_____	24. Fire Suppression Systems - Restaurant Stoves, Fryers, Broilers	25.00	_____	_____
2. Sink/Dishwasher	6.00	_____	_____	25. Sanitary Building Drain		_____	_____
3. Garbage Grinder	6.00	_____	_____	First 75 Feet	25.00	_____	_____
4. Water Closet/Urinal	6.00	_____	_____	Over 75 Feet	.35/ft.	_____	_____
5. Shower/Lavatory	6.00	_____	_____	26. Storm Building Drain		_____	_____
6. Laundry Tray	6.00	_____	_____	First 75 Feet	25.00	_____	_____
7. Bath Tub	6.00	_____	_____	Over 75 Feet	.35/ft.	_____	_____
8. Hot Tub, Spa, Whirlpool	10.00	_____	_____	27. Manhole	10.00	_____	_____
9. High Pressure Boiler	25.00	_____	_____	28. Catch Basin	6.00	_____	_____
10. Drinking Fountain	6.00	_____	_____	29. Water Service		_____	_____
11. Floor Drain/Sight Drain	6.00	_____	_____	First 100 Ft. Lateral	60.00	_____	_____
12. Sillcock	6.00	_____	_____	Over 100 Ft. Lateral	.35/ft.	_____	_____
13. Water Heater	6.00	_____	_____	30. Sanitary Building Sewer		_____	_____
14. Wash Fountain	6.00	_____	_____	First 100 Ft. Lateral	60.00	_____	_____
15. Sump Pump	6.00	_____	_____	Over 100 Ft. Lateral	.35/ft.	_____	_____
16. Ejectors or Pump	6.00	_____	_____	31. Storm Building Sewer		_____	_____
17. Water Softener	6.00	_____	_____	First 100 Ft. Lateral	60.00	_____	_____
18. Storm Sewer Conductor	6.00	_____	_____	Over 100 Ft. Lateral	.35/ft.	_____	_____
19. Backflow Prevention Device	6.00	_____	_____	32. Extension of House Drain		_____	_____
20. Sprinkler Heads (10¢ ea.) <b>MINIMUM</b>	15.00	_____	_____	Where Fixtures		_____	_____
21. Fire Hose Rack	6.00	_____	_____	Already Installed	50.00	_____	_____
22. Fire Department Connection	6.00	_____	_____	33. Septic Abandonment	35.00	_____	_____
23. Hydrant	6.00	_____	_____	34. Other _____	25.00	_____	_____

Minimum Permit Fee ..... \$40.00 Each  
 Reinspect Fee ..... \$35.00 Each  
 Failure to call for inspection ..... \$25.00 Each  
 GRINDER PUMP MODEL # \_\_\_\_\_  
 DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____ Rec. By _____	<b>Permit Expires 90 Days</b> from date unless otherwise noted below.	Name _____ Date _____ Certification No. _____
<b>NO REFUNDS ON PERMITS</b>			