

City of Kenosha

625 52nd St, Room 100

Kenosha, WI 53140

Phone: (262) 653-4263

Fax: (262) 653-4254

Plumbing Inspector: Kevin Mikolas

Direct: (262) 653-4270

Office Hours: Monday – Friday 8:30am – 4:30pm

Inspection Hours:

Notice Required for Inspection: 48 hours

Email: kmikolas@kenosha.org or communitydevelopment-inspections@kenosha.org

Website: <https://www.kenosha.org/departments/neighborhood/index.html>

Additional important contacts:

Jeff Labahn – Director (262) 653-4030

Street Work:

Water Service:



FOR OFFICE USE ONLY

Date _____
 Permit # _____
 Needs Approval _____
 IP _____
 Fee'd _____

APPLICATION FOR COMMERCIAL PLUMBING PERMIT
Form #CDI108 (rev. 12/15)

Note: You will be notified when your permit is ready; please do not submit payment with permit application.

Project Address _____ Suite # _____
 Project Name _____ Contractor _____
 Mailing Address _____ Mailing Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone (_____) _____ Phone (_____) _____

Estimated Cost: _____ Contractor e-mail _____

Changing water meter size? No _____ Yes _____ If yes, list existing size: _____ New size: _____

Are additional water meters being added? No _____ Yes _____ If yes, how many? _____ Size(s): _____

Description of Work / Comments _____

CHECK ONE : Commercial _____ Multi-family _____ (if multi-family, number of units _____)

CHECK ONE: New Building _____ Existing _____

After Approval/Processing of this Permit Application:

If you do not intend to proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional \$100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.

Any contractor that performs plumbing work must possess the following license:
 1) Wisconsin Master Plumber's License number: _____
Licenses are available through the Department of Safety & Professional Services (DSPS) at: dspd.wi.gov

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the above permit information herein is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Master Plumber's Signature: _____ **Date** _____

Please Print Name: _____

IT IS THE PLUMBING CONTRACOR'S RESPONSIBILITY TO CALL FOR ALL INSPECTIONS.

DESCRIPTION	FEE	QUANTITY
NEW MULTI-FAMILY	\$ 150.00 Per Unit	_____
PER FIXTURE	\$ 11.00 Ea.	_____
ROOF DRAIN	\$ 11.00 Ea.	_____
CATCH BASIN/MANHOLES	\$ 24.00 Ea.	_____
BACKFLOW PREVENTER	\$ 11.00 Ea.	_____
SANITARY EJECTOR	\$ 11.00 Ea.	_____
SUMP PUMP	\$ 11.00 Ea.	_____
GAS OPENING	\$ 11.00 Ea.	_____
INTERIOR SEWER	\$ 30.00 Ea.	_____
WATER HEATER	\$ 18.00 Ea.	_____
CIRCULATION PUMP	\$ 11.00 Ea.	_____
MINI VENT	\$ 36.00 Ea.	_____
MISCELLANEOUS	\$ 12.00 Ea.	_____
MINIMUM COMMERCIAL PLUMBING	\$ 75.00 Ea.	_____

DOUBLE PERMIT FEE IF PERMIT IS ISSUED AFTER INSTALLATION IS STARTED



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

APPLICATION FOR RESIDENTIAL PLUMBING PERMIT
Form #CDI127 (rev. 12/15)

Project Address _____	Lot # (for new buildings) _____
Project Name _____	Contractor _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (_____) _____	Phone (_____) _____
Estimated Cost: _____	Contractor e-mail _____

Description of Work / Comments _____
CHECK ONE: One-family ____ Two-family ____ **CHECK ONE:** New Building ____ Existing ____

After Approval/Processing of this Permit Application:

If you do not intend to proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional \$100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.

<p>Any contractor that performs plumbing work must possess the following license:</p> <p>1) Wisconsin Master Plumber's License number: _____</p> <p>Licenses are available through the Department of Safety & Professional Services (DSPS) at: dsp.wi.gov</p>

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the above permit information herein is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Master Plumber's Signature: _____ **Date** _____

Please Print Name: _____

IT IS THE PLUMBING CONTRACOR'S RESPONSIBILITY TO CALL FOR ALL INSPECTIONS.

DESCRIPTION	FEE	QUANTITY
NEW 1&2 FAMILY PLUMBING	\$ 180.00 Per Dwelling	_____
PER FIXTURE	\$ 11.00 Ea.	_____
ROOF DRAIN	\$ 11.00 Ea.	_____
CATCH BASIN/MANHOLES	\$ 24.00 Ea.	_____
BACKFLOW PREVENTER	\$ 11.00 Ea.	_____
SANITARY EJECTOR	\$ 11.00 Ea.	_____
SUMP PUMP	\$ 11.00 Ea.	_____
GAS OPENING	\$ 11.00 Ea.	_____
INTERIOR SEWER	\$ 30.00 Ea.	_____
WATER HEATER	\$ 18.00 Ea.	_____
CIRCULATION PUMP	\$ 11.00 Ea.	_____
MINI VENT	\$ 36.00 Ea.	_____
MISCELLANEOUS	\$ 12.00 Ea.	_____
MINIMUM RESIDENTIAL PLUMBING	\$ 60.00 Ea.	_____
DOUBLE PERMIT FEE IF PERMIT IS ISSUED AFTER INSTALLATION IS STARTED		