

Town of Mukwonago

W320 S8315 Beulah Road

Mukwonago, WI 53149

Phone: (262) 363-2063

Fax: (262) 363-1520

Plumbing Inspector: Vince Budiac (262) 366-2400 & Scott Johnson (262) 352-4433

Office Hours: Tuesday and Thursday 8:30am – 10:00am

Inspection Hours: 8:00am – 4:30pm

Notice Required for Inspection: 24 Hours

Email: BuildingInspectors@townofmukwonago.us

Website: <http://townofmukwonago.us/resources/building-permits>

Additional important contacts:

Street Work:

Water Service:



Town of Mukwonago
 W320 S8315 Beulah Road
 Mukwonago WI 53149

Plumbing Inspections
 call (262) 352-4433
 Fax (262) 363-8377

PERMIT NO.
TAX KEY #
Attached with Building Permit #

PLUMBING Permit Application

Project Address: _____
 Project Discription: _____
 Commercial One & Two Family ESTIMATED COST _____

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
E-MAIL ADDRESS	CONTRACTOR REGISTRATION NUMBER	LICENSE NUMBER

SCHEDULE OF PERMIT FEES

BASE FEE ON ALL NEW BUILDING, ADDITIONS & REMODELS			\$55.00
Plus \$.06 per sq.ft. for all areas.....	sq.ft	Fee	\$
		Total	\$

OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

	Each	Count	Fee		Each	Count	Fee
1 Automatic Washer	6.00	_____	_____	25 Fire Suppression Systems			
2 Sink	6.00	_____	_____	Restaurant Stoves, Fryers, Broilers	15.00	_____	_____
3 Garbage Grinder	6.00	_____	_____	26 Sanitary Building Drain			
4 Dishwasher	6.00	_____	_____	First 75 Feet	25.00	_____	_____
5 Lavatory	6.00	_____	_____	Over 75 Feet	.35/ft	_____	_____
6 Water Closet/Urinal	6.00	_____	_____	27 Storm Building Drain			
7 Bath Tub	6.00	_____	_____	First 75 Feet	15.00	_____	_____
8 Hot Tub, Spa, Whirlpool	10.00	_____	_____	Over 75 Feet	.35/ft	_____	_____
9 Shower	6.00	_____	_____	28 Manhole	10.00	_____	_____
10 Drinking Fountain	6.00	_____	_____	29 Catch Basin	6.00	_____	_____
11 Floor Drain/Sight Drain	6.00	_____	_____	30 Water Service			
12 Sillcock	6.00	_____	_____	First 100 Ft Lateral	60.00	_____	_____
13 Laundry Tray	6.00	_____	_____	Over 100 Ft Lateral	.35/ft	_____	_____
14 Wash Fountain	6.00	_____	_____	31 Sanitary Building Sewer			
15 Ejectors & Sump Pump	6.00	_____	_____	First 100 Ft Lateral	50.00	_____	_____
16 Water heater	6.00	_____	_____	Over 100 Ft Lateral	.35/ft	_____	_____
17 Water softener	6.00	_____	_____	32 Storm Building Sewer			
18 Storm Sewer Conductor	6.00	_____	_____	First 100 Ft Lateral	50.00	_____	_____
19 Backflow Prevention Device	6.00	_____	_____	Over 100 Ft Lateral	.35/ft	_____	_____
20 Storm Water Conductor	6.00	_____	_____	33 Septic Abandonment	35.00	_____	_____
21 Sprinkler Heads (.10 each) minimum	15.00	_____	_____	34 Extension of existing			
22 Fire Hose Rack	6.00	_____	_____	drain branches, vents & water	25.00	_____	_____
23 Fire Department Connection	6.00	_____	_____	35 Other _____			
24 Hydrant	6.00	_____	_____		25.00	_____	_____

Minimum Permit Fee \$55.00 Each
 Reinspect Fee \$55.00 Each
 Failure to Call for inspection \$55.00 Each

Total Fees \$ _____

*****DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED*****

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the 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 of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-352-4433. Give at least 24 hours notice on all inspections.

Signature of Applicant _____ Date _____

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee \$ _____	Ck # _____	Permit Expires 90 Days from date unless otherwise noted below	Name _____
If you would like a copy of the permit, please send a stamped self addressed envelope.	Date _____		Date _____
	From _____		Certification # _____
	Rec. By _____		

NO REFUNDS ON PERMITS