

# Village of Dousman

118 S. Main St

Dousman, WI 53118

Phone: (262) 965-3792

Fax: (262) 965-4286

Plumbing Inspector: Tom Marks (262) 490-0513 & John Moosreiner (262) 490-0277

Office Hours: Tuesday & Thursday 8:00am – 9:00am

Inspection Hours: 8:00am – 5:00pm

Notice Required for Inspection: 24 Hours

Email:

Website: <http://www.villageofdousman.com/permits-and-licenses/>

*Additional important contacts:*

*Street Work:*

*Water Service:*

# VILLAGE OF DOUSMAN

118 S. Main Street  
Dousman, WI 53118

For Inspection Call

Phone 262-490-0513

Permit # _____
Tax Key # _____
Building Permit # _____

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

## Plumbing Permit Application

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	BOND/INSURANCE COMPANY	MASTER PLUMBER'S NUMBER

SCHEDULE OF INSPECTION FEES	EACH	.04/Sq. Ft. (all areas)	FEE
NEW BUILDING .....	\$50.00	_____	_____
ADDITION .....	\$50.00	_____	_____
REMODEL .....	\$50.00	_____	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS							
	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	6.00	_____	_____	24. Fire Suppression System- Restaurant Stoves, Fryers, Broilers	50.00	_____	_____
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	.50/ft.	_____	_____
5. Show/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	.50/ft.	_____	_____
8. Hot Tub, Spa, Whirlpool	25.00	_____	_____	27. Manhole	15.00	_____	_____
9. High Pressure Boiler	30.00	_____	_____	28. Catch Basin	15.00	_____	_____
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	.50/ft.	_____	_____
13. Water Heater	6.00	_____	_____	30. Sanitary Building Sewer		_____	_____
14. Wash Fountain	6.00	_____	_____	First 100 ft. Lateral	50.00	_____	_____
15. Sump Pump	6.00	_____	_____	Over 100 ft. Lateral	.50/ft.	_____	_____
16. Ejectors or Pump	6.00	_____	_____	31. Storm Building Sewer		_____	_____
17. Water Softener	6.00	_____	_____	First 100 ft. Lateral	50.00	_____	_____
18. Storm Sewer Conductor	6.00	_____	_____	Over 100 ft. Lateral	.50/ft.	_____	_____
19. Backflow Prevention Device	6.00	_____	_____	32. Extension of House Drain		_____	_____
20. Sprinkler Heads (\$1.00 ea.) MINIMUM	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 _____	50.00	_____	_____

Minimum Permit Fee .....\$30.00 Each  
 Reinspect Fee .....\$50.00 Each  
 Failure to call for inspection \$25.00 Each  
**DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED**

GRINDER PUMP  
MODEL # \_\_\_\_\_

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# _____	<b>Permit Expires 90 Days</b> from date unless otherwise noted below.	Name _____
<b>NO REFUNDS ON PERMITS</b>	Date _____		Date _____
	From _____		Certification #. _____
	_____		
	Rec. By _____		