

Village of Fox Point

7200 Santa Monica Blvd

Fox Point, WI 53217

Phone: (414) 351-8900

Fax: (414) 351-8909

Plumbing Inspector: Scott Milller

Direct: (414) 351-8906

Office Hours: Monday – Friday 8:00am – 9:30am & Monday – Thursday 12:30pm – 1:30pm

Inspection Hours: 10:00am – 12:00pm & 1:30pm – 3:00pm

Notice Required for Inspection: 24 Hours

Email: smiller@villageoffoxpoint.com

Website: <http://www.vil.fox-point.wi.us/DocumentCenter/Home/View/295>

Additional important contacts:

Street Work:

Jim Voigt – Water Dept 414-247-6634

Water Service:

Plumber _____
 Address _____
 City, State, Zip _____
 Tel. No. _____

No. _____

Owner _____
 Address _____
 Date _____, 20____

Application and Record

Village of Fox Point
 7200 N. Santa Monica Blvd.
 Fox Point, WI 53217
 (414) 351-8900

TO THE VILLAGE OF FOX POINT, PLUMBING AND WATER INSPECTION DEPARTMENT:

The undersigned hereby make application to do the work of plumbing consisting of
 laying a _____ inch _____ laying a _____ inch _____
 builder sewer from Main to Lot line water service from Main to Lot line
 to Building to Building
 at _____

PERMITS USED	
Kind	No.
Sewer and Plumbing _____	_____
Water _____	_____
Street _____	_____
Meter _____	_____
Water Usage _____	_____

_____ Fox Point, WI

Address at which work is to be done

Subdivision	Lot	Block
_____	_____	_____

In the performance of this work the undersigned Plumber hereby agrees to bounden by and submit to all statutes, Village ordinances and rules and regulations prescribed by the Village Board for Plumbers.

State Master Lic.# _____ Expir. _____ Building Contractor Reg# _____ Expir. _____

HVAC Contractor Reg# _____ Expir. _____ Signature _____ Applicant _____

FIXTURE WITH DRAIN OR WATER CONNECTIONS

No.	No.
Hose Bibs _____	Dishwashers _____
Bath Tubs _____	Wash Basins _____
Sump Pumps _____	Water Closets _____
Laundry Trays _____	Showers _____
Drinking Fountains _____	Floor Drains _____
Sinks _____	Food Waste Grinders _____
Water Heaters _____	Sprinkling System _____
Wash. Mach. Wastes _____	Urinals _____
Bidets _____	_____
Catch Basins _____	_____

FEES

Water Usage _____ \$ _____
 Building Sewer _____
 Water Service _____
 Building Drain _____
 Fixtures _____
 Water Meter _____
 Total _____

Deposit to cover street repairs _____
(A current certificate of insurance must be provided when doing work in road right of way (ROW)).

Permit Clerk _____

A _____ inch _____ water service pipes laid in _____

Curb box is located _____ feet _____ of _____ feet _____ of _____

_____ inch _____ Water Meter No. _____ Date Installed _____

A _____ inch _____ sanitary sewer connection was made in _____
 _____ feet _____ of manhole _____

A _____ inch _____ storm sewer connection was made in _____
 _____ feet _____ of manhole _____

Building Sewer	Report	Building Drain	Report	Rough In Plumbing Inspection	Report	Final Inspection	Report
_____	_____	_____	_____	_____	_____	_____	_____

Installation Approved _____ Application Approved _____, 20____

As Built _____

Water and Plumbing Inspector _____