

Village of Kewaskum

204 First St

Kewaskum, WI 53040

Phone: (262) 335-5140

Fax: (262) 335-5182

Plumbing Inspector: Kurt McMahon

Office Hours: Monday – Friday 8:00am – 4:30pm

Inspection Hours: 9:00am – 12:00pm & 1:00pm – 3:00pm

Notice Required for Inspection: 24-48 Hours

Email: inspect@ci.west-bend.wi.us

Website: http://www.village.kewaskum.wi.us/index.asp?Type=B_BASIC&SEC={89980789-72FE-4146-897C-5AF90D584642}

Additional important contacts:

Street Work:

Water Service:



VILLAGE OF KEWASKUM PLUMBING PERMIT

Building Inspection Office
City of West Bend
1115 S. Main Street
West Bend, WI 53095
Phone: 262-335-5140
Fax: 262-335-5182
Email: inspect@ci.west-bend.wi.us

Plumber's Name	Street	City	Zip Code	Telephone
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Owner's Name	Job Street Address	City	Zip Code	Telephone
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<u>FIXTURES</u>	<u>QUANTITY</u>
Sinks.....	_____
Wash Basins	_____
Bath Tubs	_____
Water Closets	_____
Laundry Tubs	_____
Floor Drains	_____
Sanitary Bubblers.....	_____
Dish Washers.....	_____
Urinals.....	_____
Showers.....	_____
Garbage Disposal.....	_____
Bar Connection	_____
Sump Pump.....	_____
Hose Bibbs	_____
Misc. Outlets (not listed).....	_____

<u>CHARGES</u>	
Fixture Outlets each	\$5.00 _____
Well Pump.....	\$10.00 _____
Water Heater	\$5.00 _____
Water Softener.....	\$5.00 _____
Building Drain	\$15.00 _____
BASE Permit Fee for Each Application - \$30.00	
Subtotal	_____

LATERAL PERMITS

Water Supply.....	\$10.00 _____
Sanitary Sewer Lateral	
1st 100 feet.....	\$25.00 _____
Each foot thereafter.....	\$0.25 _____
Storm Sewer Lateral	
1st 100 feet.....	\$25.00 _____
Each foot thereafter.....	\$0.25 _____

Total Number

Total Fee
**Double fee for work done before permit* _____

**** Information must be completed in full or permit cannot be processed ****

The applicant agrees to comply with the Wisconsin Uniform Dwelling Code and other Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, on the Department of Municipality; and certifies that all the above information is accurate.

Signature of Plumber

Date

Master Plumbers License #

PLUMBING PERMIT

Permit Number: _____ Date Paid: _____

Check _____ Cash _____ Credit Card _____ Paid by: _____

Call for an inspection at 262-335-5140 - A 24 hour notice is required