

# Village of Richfield

4128 Hubertus Rd

Hubertus, WI 53033

Phone: (262) 628-2260

Fax: (262) 628-2984

Plumbing Inspectors: Joel Jaster (262) 628-2260 ext. 117 & Greg Darga (262) 628-2260 ext. 125

Office Hours: **Joel:** Monday 7:00am – 7:45am, Tuesday and Wednesday 7:00am – 9:00am & 12:30pm – 1:30pm, Thursday and Friday 7:00am – 7:45am. **Greg:** Friday 7:30am – 9:00am & 12:30pm – 1:30pm

Inspection Hours: 9:00am – 3:30pm

Notice Required for Inspection: 24 Hours

Email: **Joel:** [inspector@richfieldwi.gov](mailto:inspector@richfieldwi.gov)

**Greg:** [inspectorii@richfieldwi.gov](mailto:inspectorii@richfieldwi.gov)

Website: <http://www.richfieldwi.gov/index.aspx?nid=109>

*Additional important contacts:*

*Street Work:*

Adam Schmidt – DPW (262) 628-1381

*Water Service:*

\* Village of Richfield included Hubertus and Colgate



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 inspector@richfieldwi.gov

# INCLUDES: HUBERTUS & COLGATE VILLAGE OF RICHFIELD PLUMBING PERMIT

PERMIT NO. _____
TAX KEY# _____

Project Address: \_\_\_\_\_

Project Owner's Name: \_\_\_\_\_

Project Owner's Home Phone No.: \_\_\_\_\_

Project Description: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's Address, City and Zip: \_\_\_\_\_

Contractor's Phone #: \_\_\_\_\_ Master Plumber's License #: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Schedule of Inspection Fees

	Each	Count	Fee		Each	Count	Fee
1. Kitchen Sink	10.00	_____	_____	22. Sanitary Building Drain			
2. Dishwasher	10.00	_____	_____	First 75 Feet	35.00	_____	_____
3. Garbage Disposal	10.00	_____	_____	Over 75 Feet	.50/Ft.	_____	_____
4. Water Closet	10.00	_____	_____	23. Sanitary Building Sewer			
5. Shower	10.00	_____	_____	First 75 Feet	50.00	_____	_____
6. Lavatory	10.00	_____	_____	Over 75 Feet	.50/Ft.	_____	_____
7. Bath Tub	10.00	_____	_____	24. Water Laterals			
8. Hot Tub, Spa, Whirlpool	10.00	_____	_____	First 75 Feet	35.00	_____	_____
9. Water Heater	10.00	_____	_____	Over 75 Feet	.50/Ft.	_____	_____
10. Sump Pump	10.00	_____	_____	25. Manhole	35.00	_____	_____
11. Sanitary Lift Pump	10.00	_____	_____	26. Catch Basin	35.00	_____	_____
12. Laundry Tray	10.00	_____	_____	27. Water Service			
13. Urinal	10.00	_____	_____	First 75 Feet	35.00	_____	_____
14. Floor Drain	10.00	_____	_____	Over 75 Feet	.50/Ft.	_____	_____
15. Sight Drain	10.00	_____	_____	28. Other-Approved System _____			
16. Sillcock	10.00	_____	_____	_____			
17. Water Softener	10.00	_____	_____	_____			
18. Storm Sewer Conductor	10.00	_____	_____				
19. Backflow Preventor	10.00	_____	_____				
20. Drinking Fountain	10.00	_____	_____				
21. Iron Filter	10.00	_____	_____				

Base Permit Fee (one fixture only) .....	<b>\$35.00</b>	\$
Each Additional Fixture Add \$10 per Fixture		\$
Re-Inspection Fee .....	<b>\$30.00</b>	
Failure to call for inspection .....	<b>\$50.00</b>	
<b>DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED</b>		
<b>TOTAL FEES</b>		<b>\$</b>

The applicant agrees to comply with the Town 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, Town or inspector; and certifies that the above information is accurate. Have Permit/Application number and address when requesting inspections. Call (262) 628-2260. Give at least 24 hours notice on all inspections.

PERMIT FEE	PERMIT ISSUED BY INSPECTOR:
\$	Name _____
	Date _____
	Certification No. _____