



# PLUMBING PERMIT APPLICATION

755 Fellows Rd • PO Box 428  
Genoa City, WI 53128  
262-279-6472 • 262-279-6618 Fax

*All highlighted areas must be filled in*

<b>Owner's Name:</b>		<b>Mailing Address:</b>		<b>Tel #</b>	
<b>Plumbing Firm:</b>		<b>Master License #</b>		<b>Tel #</b>	
<b>Project Address:</b>					
<b>Lot #</b>		<b>Block #</b>		<b>Premises to be Occupied as:</b>	
<b>Type of Project: (Please Check)</b>				<b>Estimated Cost of Project:</b>	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repairs <input type="checkbox"/> Alterations					
<b>Brief Description of Work:</b>					
<b>Materials and Equipment to be used:</b>					
<b><i>ALL WORK MUST COMPLY WITH THE PROVISIONS OF THE NATIONAL AND STATE CODE.</i></b>					
<p>The undersigned hereby applies for a permit to do work herein described and located as shown on this application. The undersigned agrees that all the work will be done in accordance with the zoning ordinance and all other ordinances of the Village of Genoa City and with all laws of the State of Wisconsin, applicable to said premises. <b>No refunds issued after work has begun.</b></p> <p><i>By applying for this permit, you are authorizing Village personel to inspect this property within the scope of their duties.</i></p>					
<b>Applicant Signature:</b>				<b>Date:</b>	
<i>Office Use Only</i>		<b>Permit #</b>		<b>Parcel Tax Key #</b>	
<b>Base Fee \$50.00 plus \$0.05 per sq.ft.</b> <i>(Based on type of work)</i>		\$			
<b>Additional Fees (explain)</b>		\$			
<b>Total Fees Due:</b>		\$			
<b>Approved by Building Inspector:</b>				<b>Date:</b>	
<b>Payment accepted by: (Initials) _____ Date: _____</b>				<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	