



# CITY OF WAUSAU PLUMBING APPLICATION AND PERMIT

407 Grant Street, Wausau, Wisconsin 54403-4783

(715) 261-6780 / fax (715) 261-4102 / email: [inspections@ci.wausau.wi.us](mailto:inspections@ci.wausau.wi.us)



The undersigned hereby applies for a permit to complete the following plumbing or clearwater drainage work on the premises hereinafter described. All work shall conform to Title 19 of the Wausau Municipal Code, the Wisconsin Administrative Code, OSHA standards, and Wisconsin DNR Code, in the performance of which all parties agree to and are bound thereby.

Address of Property \_\_\_\_\_ Key No. \_\_\_\_\_

Owner \_\_\_\_\_ Email \_\_\_\_\_ Type of Building \_\_\_\_\_

New Construction  Addition  Alterations  Plumbing Replacement

Describe work \_\_\_\_\_

No.	Fixture Type	No.	Fixture Type
	Bathtubs / Showers		Sinks (Bar)
	Beverage Dispensers / Ice Makers		Sinks (Hand)
	Building Control Valve		Sinks (Kitchen)
	Catch Basins / Grease Traps		Sinks (Lavatory)
	CCC Assembly		Sinks (Sculery/Food Prep)
	Dishwashers		Sinks (Service or Slop)
	Drinking Fountains		Sump Pumps / Ejectors
	Floor / Site Drains		Urinals
	Garbage Disposals		Washing Machine
	Hose Bibbs / Hydrants		Water Closets
	Laundry Tubs		Water Conditioners
	Lawn Sprinkler System		Water Heaters
	Reconstruct D.W.V.		Water Meter
	Reconstruct Water Distribution		Whirlpool
	Roof Drains		Miscellaneous

**TOTAL NUMBER OF FIXTURES**

				Fees	<b>REQUIRED PLUMBING INSPECTIONS:</b> <b>(715) 261-6780</b>  <input type="checkbox"/> Sewer and water laterals to property line <input type="checkbox"/> Sewer and water laterals from property line to building <input type="checkbox"/> Under slab/floor plumbing <input type="checkbox"/> Rough-in before insulating <input type="checkbox"/> Final before occupancy <input type="checkbox"/> Other
Total No. of Fixtures: _____ x \$ _____ /fixture =					
	Type	Size	Length		
Water Service					
Sanitary/Building Sewer					
Sanitary/Storm DWV					
Water Distribution					
Storm Building Sewer					
Well Abandonment					
<b>TOTAL PERMIT FEE</b>					

Plumbing/Utility Contractor \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Plumbing Contractor License No. \_\_\_\_\_ Excavating Contractor \_\_\_\_\_

Date \_\_\_\_\_

Plbg Contractor  Owner  Gen. Contractor

City Official