

DATE: _____ PERMIT NO: _____ RECEIPT NO: _____

OWNERS NAME: _____ PHONE NUMBER: _____

JOB SITE ADDRESS: _____ EMAIL: _____

PLUMBING COST ESTIMATE \$ _____

DESCRIPTION OF WORK: _____

FIXTURES & CONNECTIONS (NUMBER OF ITEMS THAT APPLY)

_____ Water Closets	_____ Water Heaters	_____ Garbage Disposal
_____ Bath Tubs	_____ Dishwasher	_____ Catch Basin
_____ Sinks	_____ Urinals	_____ Bar Connection
_____ Laundry Trays	_____ Showers	_____ Water Softener
_____ Floor Drains	_____ Storm Sump	_____ R P Valve
_____ Wash Basin	_____ Sanitary Sump	_____ Sill Cocks
_____ Wash Machine Box	_____ Grease Trap	_____ Other
_____ Automatic Air Admittance Valve		

# _____ of fixtures @ \$14.00 per fixture		\$
Connection to main sewer, holding tank/mound \$75 plus \$.55 per ft. for each ft over 100 ft	ft	\$
Water service connection & repair @ \$75 plus \$.55 per ft. for each ft over 100 ft	ft	\$
Storm sewer installation \$75 plus \$.55 per ft. for each ft over 100 ft	ft	\$
Building sewer repair, replace or abandonment @ \$60.00	ft	\$
Septic Tank abandonment @ \$60.00	ft	\$
Well abandonment or registration @ \$60.00	ft	\$
Sanitary building drain @ \$60 plus \$.55 for each ft over 100 ft	ft	\$
Storm building drain @ \$60 plus \$.55 for each ft over 100 ft	ft	\$
TOTAL FEE:		\$

RESIDENTIAL MINIMUM PERMIT FEE: \$60.00 With exception for Water Heater and Dishwasher replacement which shall be @25.00

COMMERCIAL MINIMUM PERMIT FEE: \$100.00

RE-INSPECTION FEE: \$125.00

ALL FEES EFFECTIVE January 1, 2024

It is hereby agreed between the undersigned (as owner or agent) and the Village of Caledonia, that for and in consideration of the premises and of the permit for the execution of plumbing installation for pipes, drains, fixtures, etc.as above described, to be issued and granted by the inspector of buildings, that the work will be done in accordance with the descriptions set forth in this statement, and it is further agreed to alter or install same in strict compliance with the Ordinances of the Village of Caledonia, with Wisconsin Statutes and Administrative Code, and to obey any and all lawful orders of the Plumbing Inspector of the Village of Caledonia.

CONTRACTORS NAME: _____ APPLICANTS SIGNATURE: _____

LICENSE#: _____ *EXPIRES:* _____ STATE OF WI LICENSE#: _____ *EXPIRES:* _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____ EMAIL: _____

APPROVED BY : _____ *PLUMBING INSPECTOR* _____ DATE: _____