

Village of Shorewood Hills

810 Shorewood Boulevard, Madison, WI 53705
608-267-2680 • (fax) 608-266-5929
e-mail: info@shorewood-hills.org

Date Received: _____

PLUMBING PERMIT #: _____

Property Located at _____

Property Owner's Name _____ Address _____

Plumbing Contractor's Name _____ License Holder Number _____

Mailing Address, Phone, e-mail: _____

The below signed Contractor hereby applied for a permit for execution of the work indicated below. It is hereby agreed that all work will be installed in accordance with all Village Ordinances and department rules related to such work.

Contractor's Signature _____ Date _____

New Building: _____ Single Family _____ Commercial _____ Multi-Family Units
_____ Addition _____ Alteration _____ Replacement _____ Condo (Alter/Add)
Project Cost \$ _____

FEE SCHEDULE

EXISTING BUILDING (List types and number of various fixtures or appliances being installed)

Type	Qty	Type	Qty	Type	Qty
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Number of Appliances & Fixtures _____ @ \$15.00 each = \$ _____

New Private Mains (in linear feet) _____ @ \$15.00/100 feet or fraction = _____

Building Sewer _____ Sanitary _____ or Storm & Septic By-Pass _____ (in linear feet) _____ @ \$15.00/100 feet or fraction = _____

Water Main (in linear feet) _____ @ \$15.00/100 feet or fraction = _____

Village Administrative Fee = 30.00

TOTAL INSPECTION FEE (minimum fee = \$80.00) = _____

*** All fees will be doubled if work is commenced prior to issuance of a permit.**

Description of work being permitted _____

SUBMIT WATER CALCULATION ON BACK OF THIS FORM

Plumbing Inspector _____ Date _____