

# Town of Ixonia

W1195 Marietta Ave. • P.O. Box 109 • Ixonia, WI 53036

Phone: (920) 261-2966 • Fax: (920) 261-8988

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W1195 Marietta Ave.  
Post Office Box 109  
Ixonia, WI 53036  
**For Inspection Call**  
**Phone: (920) 261-2966**

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

PROJECT LOCATION (Building Address)	
PROJECT DESCRIPTION	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY

## Plumbing Permit Application

OWNER'S NAME		MAILING ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDE AREA CODE	
CONTRACTOR'S NAME		MAILING ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDE AREA CODE	
ESTIMATED COST	BONDING/INSURANCE COMPANY			MASTER PLUMBER'S LICENSE NUMBER	
	<b>SCHEDULE OF INSPECTION FEES</b>	<b>EACH</b>	<b>COUNT</b>	<b>FEE</b>	
<b>NEW BUILDING ADDITION REMODELING</b>	Base Fee .....	\$35.00	_____	_____	
	Plus..... (MIN \$75.00) .....	.04/Sq. Ft. For All Areas	_____ Sq. Ft.	_____	

### REPLACEMENT, MODIFICATIONS AND MISC. ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	6.00	_____	_____	25. Fire Suppression Systems -	15.00	_____	_____
2. Sink/Dishwasher	6.00	_____	_____	Restaurant Stoves, Fryers, Broilers	_____	_____	_____
3. Garbage Grinder	6.00	_____	_____	26. Sanitary Building Drain	50.00	_____	_____
4. Water Closet/Urinal	6.00	_____	_____	First 75 Feet	.35/ft.	_____	_____
5. Shower/Lavatory	6.00	_____	_____	Over 75 Feet	_____	_____	_____
6. Laundry Tray	6.00	_____	_____	27. Storm Building Drain	50.00	_____	_____
7. Bath Tub	6.00	_____	_____	First 75 Feet	.35/ft.	_____	_____
8. Hot Tub, Spa, Whirlpool	10.00	_____	_____	Over 75 Feet	_____	_____	_____
9. High Pressure Boiler	25.00	_____	_____	28. Manhole	10.00	_____	_____
10. Drinking Fountain	6.00	_____	_____	29. Catch Basin	6.00	_____	_____
11. Floor Drain/Sight Drain	6.00	_____	_____	30. Water Service	60.00	_____	_____
12. Sillcock	6.00	_____	_____	First 100 Ft. Lateral	.35/ft.	_____	_____
13. Water Heater	6.00	_____	_____	Over 100 Ft. Lateral	_____	_____	_____
14. Wash Fountain	6.00	_____	_____	31. Sanitary Building Sewer	50.00	_____	_____
15. Sump Pump	6.00	_____	_____	First 100 Ft. Lateral	.35/ft.	_____	_____
16. Ejectors or Pump	6.00	_____	_____	Over 100 Ft. Lateral	_____	_____	_____
17. Water Softener	6.00	_____	_____	32. Storm Building Sewer	50.00	_____	_____
18. Storm Sewer Conductor	6.00	_____	_____	First 100 Ft. Lateral	.35/ft.	_____	_____
19. Backflow Prevention Device	6.00	_____	_____	Over 100 Ft. Lateral	_____	_____	_____
20. Plan Review	15.00	_____	_____	33. Extension of House Drain	50.00	_____	_____
21. Sprinkler Heads (\$1.00 ea.) MINIMUM	15.00	_____	_____	Where Fixtures	50.00	_____	_____
22. Fire Hose Rack	6.00	_____	_____	Already Installed	50.00	_____	_____
23. Fire Department Connection	6.00	_____	_____	34. Septic Abandonment	50.00	_____	_____
24. Hydrant	6.00	_____	_____	35. Other _____	25.00	_____	_____

Minimum Permit Fee ..... \$50.00 Each  
 Reinspect Fee..... \$50.00 Each  
 Failure to call for inspection ..... \$50.00 Each

GRINDER PUMP  
 MODEL # \_\_\_\_\_

DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

The applicant agrees to comply with the Municipal 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, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Ck # _____ Date _____ From _____ Rec. By _____	<b>Permit Expires 90 Days</b> from date unless otherwise noted below.	Name _____ Date _____ Certification No. _____
<b>NO REFUNDS ON PERMITS</b>			