

# 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

	SCHEDULE OF INSPECTION FEES	EACH	COUNT	FEE
<b>NEW BUILDING ADDITION REMODELING</b>	Base Fee .....	\$50.00	_____	_____
	Plus..... (MIN \$75.00) .....	\$.06/Sq Ft For All Areas	_____ Sq. Ft.	_____

### REPLACEMENT, MODIFICATIONS AND MISC. ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	10.00	_____	_____	25. Fire Suppression Systems - Restaurant Stoves, Fryers, Broilers	100.00	_____	_____
2. Sink/Dishwasher	10.00	_____	_____	26. Sanitary Building Drain		_____	_____
3. Garbage Grinder	10.00	_____	_____	First 75 Feet	50.00	_____	_____
4. Water Closet/Urinal	10.00	_____	_____	Over 75 Feet	.50/ft	_____	_____
5. Shower/Lavatory	10.00	_____	_____	27. Storm Building Drain		_____	_____
6. Laundry Tray	10.00	_____	_____	First 75 Feet	50.00	_____	_____
7. Bath Tub	10.00	_____	_____	Over 75 Feet	.50/ft	_____	_____
8. Hot Tub, Spa, Whirlpool	40.00	_____	_____	28. Manhole	10.00	_____	_____
9. High Pressure Boiler	25.00	_____	_____	29. Catch Basin	6.00	_____	_____
10. Drinking Fountain	10.00	_____	_____	30. Water Service		_____	_____
11. Floor Drain/Sight Drain	10.00	_____	_____	First 100 Ft. Lateral	60.00	_____	_____
12. Sillcock	10.00	_____	_____	Over 100 Ft. Lateral	.50/ft	_____	_____
13. Water Heater	10.00	_____	_____	31. Sanitary Building Sewer		_____	_____
14. Wash Fountain	10.00	_____	_____	First 100 Ft. Lateral	50.00	_____	_____
15. Sump Pump	10.00	_____	_____	Over 100 Ft. Lateral	.50/ft	_____	_____
16. Ejectors or Pump	10.00	_____	_____	32. Storm Building Sewer		_____	_____
17. Water Softener	10.00	_____	_____	First 100 Ft. Lateral	50.00	_____	_____
18. Storm Sewer Conductor	10.00	_____	_____	Over 100 Ft. Lateral	.50/ft	_____	_____
19. Backflow Prevention Device	10.00	_____	_____	33. Extension of House Drain		_____	_____
20. Plan Review	50.00	_____	_____	Where Fixtures		_____	_____
21. Sprinkler Heads (\$1.00 ea.) MINIMUM	50.00	_____	_____	Already Installed	50.00	_____	_____
22. Fire Hose Rack	10.00	_____	_____	34. Septic Abandonment	50.00	_____	_____
23. Fire Department Connection	10.00	_____	_____	35. Other _____	25.00	_____	_____
24. Hydrant	10.00	_____	_____			_____	_____

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. _____

**NO REFUNDS  
ON PERMITS**