



SPS INSPECTION SERVICE LLC
SPSINSPECTIONSERVICE@GMAIL.COM
920-266-9611

APPLICATION FOR PLUMBING PERMIT

DATE: _____

OWNER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

PROJECT ADDRESS: _____ PARCEL NO: _____

OCCUPANCY: ☐ RESIDENCE ☐ COMMERCIAL ☐ INDUSTRIAL ☐ INSTITUTIONAL ☐ REMODEL

Number	Type of Work	Number	Type of Work	Number	Type of Work
	Kitchen Sinks		Floor Drains		Urinals
	Garbage Sink Unit		Garage Floor/Drains		Drinking Fountain
	Dish Washer		Water Heater		Service Sinks
	Clothes Washer		☐ Gas ☐ Electric		Catch Basin/Manhole
	Laundry Trays		Water Softener		Fire Sprinklers
	Water Closets		Turf Sprinklers		R.B.F.P.
	Lavatories		Sump Pump		Acid Tank & Piping
	Bath Tubs		Ejector Pump		Water Piping
	Showers		Manufactured Home		Alter Drain
	Bar/Sink				Deduct Meter
☐ LAY	☐ RE-LAY	☐ ALTER	☐ Sewer	☐ Water	☐ Building Drain
A _____ inch _____ Water Service					
A _____ inch _____ Drain Pipe (Sanitary).					
A _____ inches (Storm)					
Other:					

State approved plan required? ☐ Yes ☐ No Project Cost: \$ _____

Transaction ID # _____ Site ID # _____

Delinquent Permits: Failure to obtain a plumbing permit prior to the start of a project results in double the regular permit fee.

Inspections: Minimum 2-business days' notice must be given to arrange for inspection.

In consideration of the issuance of the permit the applicant agrees to faithfully comply with all laws and regulations of the State of Wisconsin and of the Ordinances of the municipality.

NAME OF CONTRACTOR/INSTALLER: _____

ADDRESS: _____ PHONE NUMBER: _____

MASTER PLUMBER LICENSE#: _____ EXPIRATION DATE: _____

PLUMBING CONTRACTOR/APPLICANT'S SIGNATURE: _____