

Town of Grand Rapids 2410 48 th St. South WI Rapids, WI 54494 (715)- 424-1821		Plumbing Permit Application	Permit # _____ Parcel # _____
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Project Type:	<input type="checkbox"/> 1 or 2 Family Dwelling	<input type="checkbox"/> Commercial Bldg Use:	<input type="checkbox"/> Other: Use:	
Project Address:			Subdivision:	Lot #:
Owners Name:				
Owners Address:			Home Phone #:	
Contractors Name:			Cell Phone #:	
Contractors Address:			Master Plumber License #:	
Contractors Address:			Business Phone #:	
Contractors Address:			Cell Phone #:	

Project Description

Check each that will be installed		
<input type="checkbox"/> Clear water sump <input type="checkbox"/> Sanitary sump <input type="checkbox"/> Floor drain <input type="checkbox"/> Clothes washer <input type="checkbox"/> Laundry tub <input type="checkbox"/> Furnace condensate drain <input type="checkbox"/> Water conditioner	<input type="checkbox"/> Hose bib <input type="checkbox"/> Water closet <input type="checkbox"/> Lavatory <input type="checkbox"/> Bathtub <input type="checkbox"/> Shower <input type="checkbox"/> Mop sink <input type="checkbox"/> Rough in only	<input type="checkbox"/> Kitchen sink <input type="checkbox"/> Dishwasher <input type="checkbox"/> Bar sink <input type="checkbox"/> Refrigerator drain <input type="checkbox"/> Well pump <input type="checkbox"/> Water heater <input type="checkbox"/> Other: _____

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, expressed or implied, on the municipality and certify that all the above information is accurate. I expressly grant the plumbing inspector or his agent, permission to enter the premises for which this permit is sought at all reasonable hours, and for any purpose to inspect the work which is being done.

Applicants Signature: _____ **Date:** _____

Approval Conditions: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Permit Fee: _____ **Date Pd.** _____ **Receipt #:** _____

Permit Issued By:

Name:	
Date Issued:	Tel. #
Certification No:	