

**City of De Pere**

335 S. Broadway  
De Pere, WI 54115  
(920) 339-4053  
dpbldg@deperewi.gov



**PLUMBING PERMIT  
Application and Record**

Permit #: \_\_\_\_\_  
Fee: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Date: \_\_\_\_\_

PROJECT LOCATION			PLUMBING CONTRACTOR		
Owner's Name:			Company Name:		
Address:			Address:		
Phone #:			Phone #:		
Lot #:	Parcel #:	Zoning:	E-mail:		

OCCUPANCY			NATURE OF WORK		
<input type="checkbox"/> Single Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Public/Govt.	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
<input type="checkbox"/> Two Family	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Remodel	<input type="checkbox"/> Other:	
<input type="checkbox"/> Multi-family (No. of Units: _____)		<input type="checkbox"/> Educational			

FIXTURES ROUGHED IN FOR AND/OR INSTALLED					
<u>\$11.00/fixture</u>	<u>Qty</u>	<u>\$11.00/fixture</u>	<u>Qty</u>	<u>\$11.00/fixture</u>	<u>Qty</u>
Sink		Water Heater		Drinking Fountain	
Water Closet		Clothes Washer		Urinal	
Lavatory		Laundry Tub		Ice Cube Machine	
Bathtub		Floor Drain		Backwater Valve	
Shower Stall		Hose Bibb		Other Plumbing Fixtures as defined in SPS 382, WI Administrative Code	Number of Fixtures
Garbage Disposal		Sump Pump			
Refrigerator		Ejector			
Dishwasher		Roof Drain			
Water Softener		Grease Trap			
Note: State Approved buildings with 16 or more fixtures shall be <b>\$175.00 + \$11.00/fixture.</b>  TOTAL FEE (Min. \$75.00)					

SEWER/WATER			MISCELLANEOUS FEES	
Type	Size		Replacement Water Heater	\$75.00
Sanitary Sewer Lateral Connection		\$125.00	Sewer Cap	\$75.00
Storm Sewer Lateral Connection				
Water Lateral Connection				

**FEES SHALL BE DOUBLED IF WORK IS COMMENCED PRIOR TO OBTAINING A PERMIT**

APPLICANT'S STATEMENT	PERMIT APPROVAL
I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of WI and ordinances of the City of De Pere, WI. I further understand that the issuance of this permit creates no legal liability, express or implied, on the City of De Pere, WI.  Signature: _____  Date: _____ License #: _____	Upon signature of an authorized member of the Building Inspection Division, this becomes a permit to conduct the above-described work in accordance with all existing laws, ordinances, and regulations.  Inspector: _____  Date: _____ Certification #: _____

**CONDITIONS OF APPROVAL**

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