City of Oconto Falls
500 N. Chestnut Street, Oconto Falls WI 54154
Phone: (920) 846-4505
Fax (920) 846-4516

Permit No. _____
Parcel No. _____
Receipt No. _____
Permit Fee _____
Date _____
Check No. _____

PLUMBING PERMIT

TO THE PLUMBING INSPECTOR:
I hereby apply for a permit to do and install the following plumbing on the premises hereinafter described, the work to conform to the Wisconsin State Plumbing Code, in the performance of which all parties hereto agree to and are bound by said statutes.

NAME OF OWNER	PROJECT ADDRESS AND PHONE

TYPE OF BUILDING		WHY ISSUED
☐ One Family	☐ Commercial	☐ New Building
☐ Two Family	☐ Other (specify)	☐ Remodeling
☐ Multi-Family		☐ Other (specify)

WATER CLOSETS	CLOTHES WASHERS
WASH BASINS	LAUNDRY TRAYS
BATH TUBS	WATER HEATERS
SHOWER STALLS	FLOOR DRAINS
SINKS	SUMP PUMPS
DISPOSALS	WHIRLPOOL TUBS
DISHWASHERS	URINALS
GREASE INTERCEPTORS	BAR SINKS
DRAIN TILE RECEIVERS	GARAGE DRAINS
SITE DRAINS	OTHER

This permit is issued to the undersigned upon payment of the permit fee and is hereby granted authority to do plumbing work indicated on the premises and pursuant to this application, herein stated, and in full compliance with the City Ordinances and State Plumbing Code.

Licensed Master Plumber (Print) License No. _____ **Estimated Cost** _____

Signature of Applicant _____ Date _____

Plumbing Contractor _____ Contractor Telephone Number _____

Contractor Mailing Address _____ Plumbing Inspector _____

City State Zip _____

REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE

White – Office Yellow – Applicant