



City of Lake Geneva  
 Building and Zoning  
 626 Geneva Street  
 Lake Geneva, WI 53147

Permit Number \_\_\_\_\_  
 City use only

## COMMERCIAL PLUMBING PERMIT APPLICATION

I (We), the undersigned do hereby submit an application for a permit for the property:

**Located at:**

Principle Structure: \_\_\_\_\_  
 Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_  
 Tax ID / Parcel Number(s): \_\_\_\_\_

**Principal Structure**

- New
- Addition
- Alteration

**Accessory Structure**

- New
- Addition
- Alteration

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> # Water Closets / Bidets _____                             | <input type="checkbox"/> # Showers / Tubs _____       | <input type="checkbox"/> # Vanity Sinks _____        |
| <input type="checkbox"/> # Kitchen Sinks _____                                      | <input type="checkbox"/> # Dishwashers _____          | <input type="checkbox"/> # Garbage Disposals _____   |
| <input type="checkbox"/> # Laundry Sinks _____                                      | <input type="checkbox"/> # Clothes Washers _____      | <input type="checkbox"/> # Floor / Site Drains _____ |
| <input type="checkbox"/> # Hose Bibs _____  | <input type="checkbox"/> # Water Heaters _____        | <input type="checkbox"/> # Water Softeners _____     |
| <input type="checkbox"/> # Sewer Ejector Pit _____                                  | <input type="checkbox"/> # Lawn Sprinkler (AVB) _____ | <input type="checkbox"/> # Future Stubs _____        |
| <input type="checkbox"/> # Grease Traps _____                                       | <input type="checkbox"/> # Manholes _____             | <input type="checkbox"/> # Catch Basins _____        |
| <input type="checkbox"/> # Other (ie Eyewash, Drinking Fountain, Ice Machine) _____ |   |  |
| <input type="checkbox"/> # Sewer Lateral _____ ft                                   | <input type="checkbox"/> # Water Lateral _____ ft     | <input type="checkbox"/> # Storm Lateral _____ ft    |

**Total # of Fixtures** \_\_\_\_\_

**Fees: \$15.00/fixture, \$60.00 Minimum, Laterals \$60.00 each**

Estimated Value of Plumbing Project: \$ \_\_\_\_\_

**Property Owner:**

Company: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip  
 Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**Contractor:**

Company: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip  
 Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**Contractor License #** \_\_\_\_\_

**Building Inspector Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Fees:** \_\_\_\_\_