

CITY OF RHINELANDER

Plumbing Permit Application



**** This permit MUST be filled out in its entirety to be considered for approval ****

The undersigned hereby applies for a permit to complete the following plumbing or clearwater drainage work on the premises hereinafter described.

Site Address: _____ Parcel # _____

Building Type: Single Family Two Family Rental Multi-Family Commercial Industrial Other: _____

OWNER INFORMATION: Email: _____

Name: _____ Phone: _____

Address: _____

CONTRACTOR INFORMATION: Owner is acting as the Plumbing Contractor & occupies this single-family home.

Plumbing Contractor: Name: _____ Phone: _____

Address: _____

Email: _____ Plumbing Contractor # _____ Exp: _____

Master Plumber: Name: _____ Phone: _____

Address: _____

Email: _____ Master Plumber # _____ Exp: _____

PROJECT INFORMATION: State Approved Plan required? Yes, plans & letter included NO

Addition Alteration Interior Plumbing Replacement Sewer Lateral Water Lateral

Please add number of fixtures installing: Dishwasher: _____ Backflow Prevention Valve: _____ Bath Tubs/Shower: _____

Automatic Washers: _____ Laundry Tub: _____ Catch Basin/Grease Trap: _____ Drinking Fountain: _____ Floor/Site Drain: _____

Garbage Disposal: _____ Roof Drains: _____ Hose Bibbs/Hydrant: _____ Water Conditioners: _____ Sump Pump/Ejectors: _____

Water Heater: _____ Gas Electric Ice Makers/Bev. Disp: _____ Urinals: _____ Water Closets: _____ Sinks: Bathroom: _____

Breakroom: _____ Kitchen: _____ Dental/Exam: _____ Service/Slop: _____ Other: _____ Work Valuation: \$ _____

OTHER INFO:	Type	Size	Length	No.
Water Lateral				
Sewer Lateral				
Venting/Wastepiping				
Under slab/floor				

PERMITS MUST BE APPLIED FOR AND RECEIVED BEFORE WORK IS COMMENCED.

****A COMPLETE DRAWING/LAYOUT MUST ACCOMPANY APPLICATION****

As required, Municipal Code 3.07.16 (4)(j)

Except as provided below, all sewer service laterals for new connections shall have a backflow prevention valve installed at the owner's expense. These exceptions do not apply to services located in a floodplain.

1. The service elevation is at or above the curb elevation (over lateral).
2. The service is equipped with a sewage ejection (lift) pump.

I hereby apply for a plumbing permit and I acknowledge that the above is complete and accurate; that the will be performed strictly in accordance with the ordinances and codes of the City of Rhinelanders and the Wisconsin Building/Plumbing Codes; that I understand this is not a permit but only an application for a permit and work is NOT to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Signature: _____ Date: _____

Plumber Owner General Contractor Other _____

FAILURE TO OBTAIN A PERMIT BEFORE WORK HAS STARTED WILL RESULT IN A TRIPLE FEE PERMIT!