

# 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: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

**Plumbing Contractor:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Master Plumber:** Name: \_\_\_\_\_ Master Plumber # \_\_\_\_\_ Exp: \_\_\_\_\_

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

Addition  Alteration  Interior Plumbing Replacement  Sewer Lateral  Water Lateral **Work Valuation: \$** \_\_\_\_\_

| Fixture                | # | Fixture                  | # | Fixture                          | # |
|------------------------|---|--------------------------|---|----------------------------------|---|
| Automatic Washer       |   | Garbage Disposal         |   | Floor Drains                     |   |
| Bar Sink               |   | Stack Connections        |   | Sumps                            |   |
| Bath Tub               |   | Water Softener           |   | Sewerage Ejector                 |   |
| Wash Basins (Lavatory) |   | Laundry Tray             |   | Wash Fountains                   |   |
| Sinks                  |   | R.P. Valves              |   | Drinking Fountains               |   |
| Water Closets          |   | Backflow Valve           |   | Grease Trap                      |   |
| Urinal                 |   | Water Meter Connection   |   | Grease Interceptor               |   |
| Catch Basin            |   | Hose Bibbs B.F.P         |   | Water Heater (gas) or (electric) |   |
| Area Drains            |   | Conductors (Roof Drains) |   | Shower Stall                     |   |
| Manhole                |   | Mop or Service Sink      |   | Air Admittance valve (each)      |   |
| Dishwasher             |   | Site Drains              |   | <b>TOTAL ALL ITEMS:</b>          |   |

| 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 work 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.

Permit holder is responsible for scheduling inspections 24-48 hours in advance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Plumber  Owner  General Contractor  Other \_\_\_\_\_

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