



**PLUMBING PERMIT APPLICATION**

CITY OF MIDDLETON  
7426 HUBBARD AVE.  
MIDDLETON, WI 53562  
608/821-8370; FAX: 608/827-1080  
www.cityofmiddleton.us

OFFICE USE ONLY	
PERMIT #	_____
DATE	_____
ISSUED BY:	_____

Project Address \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Plumbing Contractor Address \_\_\_\_\_ Phone \_\_\_\_\_

Plumbing Contractor E-mail **REQUIRED** \_\_\_\_\_

Wisconsin Plumbing License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Property Owner \_\_\_\_\_ Property Owner Address \_\_\_\_\_ Phone \_\_\_\_\_

Property Owner E-mail Address \_\_\_\_\_

New Building \_\_\_\_\_ Existing Building \_\_\_\_\_ The undersigned hereby makes application to do the following work:

*Note: Water fixtures above elevation 998.0 will not be allowed unless Owner installs private booster pump to increase in-house pressure.*

\_\_\_\_\_ inch water service from property line to building \_\_\_\_\_ inch sewer lateral from property line to building

\_\_\_\_\_ inch water service to property line \_\_\_\_\_ inch sewer lateral to property line

**WATER CALCULATIONS** \_\_\_\_\_ #DFU'S

*The City of Middleton requires Bacteria Samples for water services above 2", including distribution piping.*

**# OF FIXTURES:**

- |                             |   |
|-----------------------------|---|
| _____ AUTO WASH             | _____ GREASE TRAP (STATE APPROVAL REQUIRED) |
| _____ BACK WATER VALVE      | _____ LAUNDRY                               |
| _____ BAR WASTE             | _____ MACHINE WASTE                         |
| _____ BATH TUB              | _____ OPEN SITE FOR HVAC                    |
| _____ CATCH BASIN           | _____ PRESS. REDUCING VALVE (80 LB. MAX)    |
| _____ CELLAR DRAIN          | _____ RO SYSTEMS                            |
| _____ DISHWASHER            | _____ SHOWER                                |
| _____ DISPOSAL              | _____ SILL COCKS                            |
| _____ DOWN SPOUTS           | _____ SINKS (ALL SINKS)                     |
| _____ DRINKING FOUNTAIN     | _____ SOFTENER                              |
| _____ FLOOR DRAIN           | _____ STORM SEWER                           |
| <b>GAS TESTING REQUIRED</b> | _____ SUMP PUMP                             |
| _____ RES. _____ COMM.      | _____ URINAL                                |
| _____ 2# _____ 4#           | _____ WATER CLOSET                          |
| _____ DRYER                 | _____ WATER HEATER                          |
| _____ FIREPLACE             |   |
| _____ STOVE                 |   |

CONNECTION FEES		
WATER PER 100'	\$100.00	\$ _____
METER COUPLINGS	\$15.00	\$ _____
SAN SEWER PER 100'	\$100.00	\$ _____
STORM SEWER PER 100'	\$100.00	\$ _____
SPRINKLER (lawn)	\$25.00	\$ _____
FIXTURES cost per each	\$6.00	\$ _____
AIR ADMIT VALVE	\$50.00	\$ _____
<b>BASE FEE</b> UDC \$50 Commercial \$100		\$ _____
<b>TOTAL</b>		\$ _____

Description of Work: \_\_\_\_\_

The applicant certifies that all information is correct and that all pertinent City Ordinances will be complied with in performing the work for which this permit is issued.

Signature of Licensed Plumber or Homeowner if Applicable \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

**REQUIRED INSPECTIONS (WHERE APPLICABLE): WATER/SEWER; GROUNDWORK; GAS PIPING; ROUGH; FINAL**



