



P.O. Box 344 • 96 Russell Drive • Random Lake, WI 53075

Phone: (920) 994-4852 • Fax: (920) 994-2390

Permit No. _____

Plumbing Permit Application

Jobsite: _____

Project Description: _____

Owner's Name _____

Mailing Address (if different from project location above) _____

Phone No. _____

Contractor's Name _____

Contractor's Mailing Address _____

Phone No. _____

City, State & Zip Code _____

Email _____

Licensed Master Plumber Signature _____

License No. _____

Expiration Date _____

Plmb. Contr. Certification No. _____

FEE SCHEDULE Each fixture \$8.00

Description	Count	Description	Count	Description	Count
Toilet		Dishwasher		Wash Basin	
Urinal		Garbage Disposal		Drinking Fountain	
Bathtub		Water Heater		Grease Trap	
Shower Stalls		Water Softener		Water Filter/Treatment Device	
Sinks		Sump Pump		Backflow preventer	
Laundry Tub		Hose Bibb		Other:	
			Fixture count total		X \$8.00=

Description	Count	Rate	Description	Count	Rate
Ext Sewer connection		\$40.00	Water service-up to 100ft, then \$.30/ft thereafter		\$30.00
Int Sewer connection		\$25.00	Other:		
Non-Refundable Base Permit Charge				1	\$40.00
Grand Total					

ALL FEES PAYABLE TO: VILLAGE OF RANDOM LAKE

CONDITIONS OF APPROVAL: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension of this permit or other penalty. The applicant agrees to comply with Municipal Ordinances and with the conditions of this permit, understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, and certifies that the above information is accurate. If work is started before a permit is obtained, except in emergencies, the fee shall be doubled. Granting of a permit after work is started shall not relieve the licensee from any liability. Permits are valid for two years from the date below.

All work must be inspected by the Building Inspector. Call RK Inspections, Roger Kison at 414-333-4511 for inspections

SIGNATURE _____

DATE _____

FOR OFFICE USE:
PAID BY: _____ CHECK NO. _____ AMT PD _____ DATE _____