4128 Hubertus Rd.
Hubertus, WI 53033
Phone: (262) 628-2260
Fax: (262) 628-2984
Email:
inspector@richfieldwi.gov

INCLUDES: HUBERTUS & COLGATE

VILLAGE OF RICHFIELD
PLUMBING PERMIT

PERMIT NO.
TAX KEY#

Project Address: _____

Project Owner's Name: _____

Project Owner's Home Phone No.: _____

Project Description: _____

Contractor's Name: _____

Contractor's Address, City and Zip: _____

Contractor's Phone #: _____ Master Plumber's License #: _____

Signature of Applicant: _____ Date: _____

Schedule of Inspection Fees

	Each	Count	Fee
1. Kitchen Sink	10.00		
2. Dishwasher	10.00		
3. Garbage Disposal	10.00		
4. Water Closet	10.00		
5. Shower	10.00		
6. Lavatory	10.00		
7. Bath Tub	10.00		
8. Hot Tub, Spa, Whirlpool	10.00		
9. Water Heater	10.00		
10. Sump Pump	10.00		
11. Sanitary Lift Pump	10.00		
12. Laundry Tray	10.00		
13. Urinal	10.00		
14. Floor Drain	10.00		
15. Sight Drain	10.00		
16. Sillcock	10.00		
17. Water Softener	10.00		
18. Storm Sewer Conductor	10.00		
19. Backflow Preventor	10.00		
20. Drinking Fountain	10.00		
21. Iron Filter	10.00		

	Each	Count	Fee
22. Sanitary Building Drain			
First 75 Feet	35.00		
Over 75 Feet	.50/Ft.		
23. Sanitary Building Sewer			
First 75 Feet	50.00		
Over 75 Feet	.50/Ft.		
24. Water Laterals			
First 75 Feet	35.00		
Over 75 Feet	.50/Ft.		
25. Manhole	35.00		
26. Catch Basin	35.00		
27. Water Service			
First 75 Feet	35.00		
Over 75 Feet	.50/Ft.		
28. Other-Approved System _____			
_____			
_____			

Base Permit Fee (one fixture only) **$35.00**
Each Additional Fixture Add $10 per Fixture
Re-Inspection Fee **$30.00**
Failure to call for inspection **$50.00**
DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

$ _____
$ _____

TOTAL FEES **$** _____

The applicant agrees to comply with the Town 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, Town or inspector; and certifies that the above information is accurate. Have Permit/Application number and address when requesting inspections. Call (262) 628-2260. Give at least 24 hours notice on all inspections.

PERMIT FEE	PERMIT ISSUED BY INSPECTOR:
$	Name _____
	Date _____
☐ Pay Online	Certification No. _____