

APPLICATION FOR PLUMBING

IMPORTANT - Complete ALL items. Mark boxes where applicable. No.

LOCATION OF BUILDING	Street Address		Plat & Parcel
	Legal Description		
	Lot	Subdivision	

TYPE AND COST OF INSTALLATION

A. TYPE OF IMPROVEMENT

- 1 New Building
- 2 Addition (If residential, enter number of new housing units added, if any, in Part D)
- 3 Repair, Replacement or Alteration (See 2 above)

B. OWNERSHIP

- 1 Private (individual, corporation, nonprofit institution, etc.)
- 2 Public (Federal, State, or local government)

D. PROPOSED USE

RESIDENTIAL

- One Family
- Two Family
- Three Family
- Four Family
- Five or more Family
- Transient Hotel, Motel, or Dormitory — Enter number of units
- Other — Specify

NON-RESIDENTIAL

- Amusement, Recreational
- Church, other Religious
- Industrial
- Parking Garage
- Service Station, Repair Garage
- Hospital, Institutional
- Office, Bank, Professional
- Public Utility
- School, Library, other Educational
- Stores, Mercantile
- Other — Specify

Owner's or agent's name

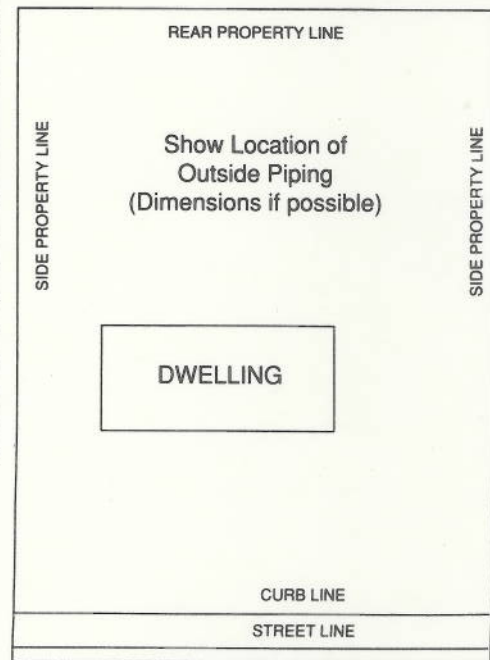
If possible, give number of Building Permit No.

NUMBER OF FIXTURE OPENINGS "ROUGHED IN"

NUMBER OF FIXTURES TO BE SET

	Catch Basins	Water Closets	Bath Tubs	Basins	Sinks	Laundry Trays	Shower Baths	Wash. Mach.	Urinals	Floor Drain	Other Outlets
Sub-basmt.											
Basement											
1st Story											
2nd "											
3rd "											
4th "											
5th "											
Attic											

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Plumb Openings (Total Number) _____

Outside Sewer (Footage) _____

Inside Sewer _____

Roof Drain (show roof area) _____

Inside Water Piping _____

Inside Gas Piping _____

Reinspection _____

- Check appliances plumbed for:
- Washing Machine
 - Water Heater
 - Dryer
 - Dish Washer
 - Air Conditioner
 - List Others

Remarks _____

ESTIMATED VALUATION

Fee _____

Plan Checking Fee _____

State Surcharge _____

Total FEE _____

In consideration of the issue and delivery to me by the Building Inspector of the Town of Rice Lake of a permit to install the Plumbing work indicated above, I agree to do said proposed work in strict accordance with all Township Ordinances and applicable State Regulations relative to same, and, that when the work is ready, I shall notify the Department of Building Inspection, requesting that an examination be made of said work, as required by Township Ordinance and State Regulation.

Master License Number _____

Firm _____

Address _____ Phone No. _____

Date _____ By _____