

Commercial Plumbing Permit

Permit #
Date Issued

PERMIT EXPIRES TWO (2) YEARS FROM DATE OF ISSUE

Please Type or Print Clearly

Project Address:	City/Village:	Zip
Owner Name:	Owner Phone Number:	
Owner Address:	City/Village:	State: Zip

Type of work: New Replacement Sewage Type: Sanitary Sewer Septic # _____

Please indicate the fixture type and number below:

<input type="checkbox"/> Aspirators	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Water Closet	<input type="checkbox"/> Tempering Valve
<input type="checkbox"/> Autopsy Table, Morgue	<input type="checkbox"/> Hose Bib, Outside	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Emergency Eye Wash
<input type="checkbox"/> Dental Cuspidors	<input type="checkbox"/> Hot Water Dispenser	<input type="checkbox"/> Expansion Tanks	<input type="checkbox"/> Water Piping Systems
<input type="checkbox"/> Dilution Sumps	<input type="checkbox"/> Ice Machine	<input type="checkbox"/> Laboratories	<input type="checkbox"/> Water Softeners
<input type="checkbox"/> Sterilizers	<input type="checkbox"/> Sump Pump	<input type="checkbox"/> Bar Sink	<input type="checkbox"/> Interceptors
<input type="checkbox"/> Bed Pan Washer	<input type="checkbox"/> Bathtub	<input type="checkbox"/> Domestic Sink	<input type="checkbox"/> Garage/Oil
<input type="checkbox"/> Air Admittance Valves	<input type="checkbox"/> Shower	<input type="checkbox"/> Floor Sink	<input type="checkbox"/> Grease
<input type="checkbox"/> Backflow Device	<input type="checkbox"/> Urinals	<input type="checkbox"/> Laboratory Sink	<input type="checkbox"/> Sand
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Automatic Washer	<input type="checkbox"/> Service Sink	<input type="checkbox"/> Acid Waste
<input type="checkbox"/> Hub Drain	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> 3 Compartment Sink	Total Number of Fixtures: _____
<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Shampoo Bowls	<input type="checkbox"/> Food Prep (Safe Waste)	
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Pedicure Chair	<input type="checkbox"/> Trap Primer	
<input type="checkbox"/> Soda Fountain	<input type="checkbox"/> Sewage Ejectors	<input type="checkbox"/> Pressure Reduce Valve	

Type of Foundation: Basement Crawl Space Poured Slab

Business Name:	Use of Commercial Building:
Plumbing Company Name:	Contractor Name:
Phone Number:	Brown Co. Registration Number:

PLUMBER IS REQUIRED TO SUBMIT AN ISOMETRIC DRAWING WITH PERMIT TO: health@browncountyhealth.org

I certify that all work will be done in accordance with state and local regulations. I will call in inspections to the Brown County Health Department in a timely manner and will provide the plumbing permit number and address as required.

Signature of applicant	Printed Name
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Permit Cost Breakdown:	Commercial Plan Review Fees:	Permit cost Example for 5 fixture permit:
Minimum Plumbing Permit Fee = \$ 100 (cost for 1st Fixture)	1-20 Fixtures = \$ 40	1st fixture \$ 100
Additional per Fixture Fee = \$ 25 (cost for every fixture after the 1st)	21-40 Fixtures = \$ 60	next 4 fixtures \$ 100
Replacement Fixture Fee = \$ 100 (cost for 1st Fixture) + \$ 25 (cost for every fixture after the 1st)	41-60 Fixtures = \$ 80	plan review fee \$ 40
No Permit Fee = Double Permit Fee (cost if work is completed without first obtaining a permit)	61-100 Fixtures = \$ 100	Total permit cost \$ 240
	101+ Fixtures = \$ 150	

Office Use Only			
Fixture Fee: _____	Plan Review Fee: _____	Underground Date: _____	
Total Permit Cost: _____	Received by: _____	Rough-in Date: _____	Additional Date(s): _____
Receipt: _____	Receipt Date: _____	Final Date: _____	Inspector: _____