

Department of Planning and Development

Building and Inspections

inspection@cityoflacrosse.org 608-789-7530

APPLICATION FOR PLUMBING PERMIT

Application Number: _____ Date: _____ Parcel Number: _____

OWNER INFORMATION					
Name:					
Address of Above: Street		City		State	
				Zip Code	
Phone:		Cell:		Fax:	Email:
CONTRACTOR INFORMATION					
Name:					
Address of Above: Street		City		State	
				Zip Code	
Phone:		Cell:		Fax:	Email:
PROJECT INFORMATION					
Project Address:					
Construction Cost: \$			Job Description:		
Storm Sewer: <input type="checkbox"/> Connect <input type="checkbox"/> Relay	Sanitary Sewer: <input type="checkbox"/> Connect <input type="checkbox"/> Relay	Water: <input type="checkbox"/> Connect <input type="checkbox"/> Relay			
EQUIPMENT INFORMATION					
Fixture Openings & Appliances:		Water Closets:		Permit: \$	
Bath Tubs:		Urinals:		Storm Sewer: \$	
Floor Drains:		Drinking Fountains:		Sanitary Sewer: \$	
Laundry Tubs:		Grease Interceptors:		Water: \$	
Showers:		Sinks:		Records: \$	
Water Softeners:		Water Heaters:		Other: \$	
Catch Basins:		Garbage Disposal Units:		Total: \$	
Roof Drains:		Other:			
NOTES					

In the performance of this work the undersigned plumbing contractor hereby agrees to be bound by and submit to all City ordinances and rules and regulations prescribed by the Common Council of the City of La Crosse and the laws of the State of Wisconsin for the control of plumbing. As a further condition of this permit, the undersigned owner, or his agent, hereby consents to entry of the premises described hereon, by the Fire Prevention and Building Safety Department, at all reasonable hours, for the purpose of inspection.

Master Plumber: _____ (Print) _____ (Sign) _____ (Date) _____ (WI Cred/Qual)

OFFICE USE ONLY		
Application Approved:		Inspector:
		Date: