

PLUMBING PERMIT APPLICATION

Submit to:				
Fax:	(920) 693-3695			
Email:	dlalonde@clevelandwi.go			
Mail:	Village of Cleveland			

		Da	ate					O Box 87 Cleveland WI 53015	
1.	Project	Address							
2.	Owner								
3.	Owner	Mailing Address							
4.	Buildin	g Type: Residentia	Industrial	ial Institutional Accessory					
5.	Contrac	etor		Phone					
6.		etor Address							
7.		Plumber Credential #_					ion Date _		
N	Number	Type of Work	Number	T	ype of Work	Num	ber	Type of Work	
		Kitchen Sinks		Floor D			Urin		
		Garbage Sink Unit		Garage Floor/Drains			Drin	Drinking Fountain	
Dish Washer				Water Heater				vice Sinks	
		Clothes Washer		□ Gas □ Electric			Cato	ch Basin/Manhole	
		Laundry Trays		Water Softener			Fire	Sprinklers	
		Water Closets		Turf Sprinklers				.F.P.	
		Lavatories		Sump Pump			Acio	d Tank & Piping	
		Bath Tubs		Ejector Pump			Wat	er Piping	
		Showers		Manufactured Home			Alte	r Drain	
	Bar/Sink						Ded	uct Meter	
	LAY	□ RE-LAY	□ ALTERA	ΓΙΟΝ	□ Sewer	\Box W	ater 🗆 1	Building Drain	
Α	(size)	-inch, (m					Water	Service	
_	(size)	-inch, (m			Drain Pipe (Sanitary)				
_	(size)	-inch, (m	aterial)		(Storm)				
О	ther:								
(1	Dl	na Damait Easa Dhambin			(2) Dalin mant	D	Esilona ta a	letain a mlaurahina	
		ng Permit Fees. Plumbin time a plumbing permit is			(2) <u>Delinquent Permits</u> . Failure to obtain a plumbing permit prior to the start of a project results in double the				
P	aid at the	time a plumonig perimit is	Issued		regular permit fee as listed in (1). (3) Right of Way. For any project that requires work to be performed in the Village Right of Way, please contact the				
					Clerk's Office FIRST for the <i>Permit to Construct</i> ,				
					Maintain or Rep	Maintain or Repair Utilities within the Right-of-Way.			
				(A) Inspections	(4) <u>Inspections</u> . A minimum of 2 business days' notice				
						must be given to arrange for inspection. No plumbing may			
				be covered prior to the expiration of the 2 business day					
					request for inspection.				
				(5) The work done under authority of this permit must be reported within 48 hours after completion, to the Clerk's					
					Office at (920) 693-8181.				
					Office at (920)	J9J-0101	•		
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Г	roject CO	νοι ψ		r	стин гес ф				
NΤ.					C:				
Ma (Di	ine (print)	Ourman Occument of Singl	o Eomil D1	llin a\	Signature				
(PI	umber or	Owner-Occupant of Singl	e-ramny Dwel	iiing)					
Amt	. Pd. \$	Cash	Ck #	PSN Dat	te	Date Emai	iled to Inspecto	r	