



Village of Genoa City office use:	
Date: _____	Initial: _____
Check: _____	Cash: _____

<b>Village of Genoa City</b> 755 Fellows Rd/PO Box 428 Genoa City, WI 53128 262-279-6472 262-279-6618 Fax	<h1>PLUMBING PERMIT APPLICATION</h1>	Permit No. _____
		Parcel Tax Key # _____

**\*\*All highlighted areas must be filled in**

Owner's Name: _____	Mailing Address: _____	Tel # _____
Plumbing Firm: _____	Master License # _____	Tel # _____

Lot # _____	Block # _____	Premises to be occupied as: _____
-------------	---------------	-----------------------------------

Type of Project: (Please Check)	Estimated Cost of Project: _____
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repairs <input type="checkbox"/> Alterations	

Brief Description of Work: \_\_\_\_\_

Materials and Equipment to be used: \_\_\_\_\_

The undersigned hereby applies for a permit to do work herein described and located as shown on this application. The undersigned agrees that all the work will be done in accordance with the zoning ordinance and all other ordinances of the Village of Genoa City and with all laws of the State of Wisconsin, applicable to said premises. **No refunds issued after work has begun.**  
*By applying for this permit, you are authorizing Village personel to inspect this property within the scope of their duties.*

Applicant Signature: _____	Date: _____
----------------------------	-------------

Base Fee \$40.00/\$50.00 <i>(Based on type of work)</i>	\$ _____	
Amount of Fixtures _____ x \$9.00 = <i>(Each Fixture at \$9.00/each)</i>	\$ _____	
Additional Fees <i>(explain below)</i>	\$ _____	
<b>Total Fees Due</b>	\$ _____	

Approved by Building Inspector: _____	Date: _____
--	-------------

*All work must comply with the provisions of the National and State Code.*