



CITY OF WEST ALLIS

PLUMBING PERMIT APPLICATION

Plumbing Inspection Division
7525 W. Greenfield Ave.
West Allis, WI 53214
Tele. (414)302-8400
www.westalliswi.gov/BINS

Plumbing Inspector

Mike Romens

414-302-8413, mromens@westalliswi.gov

When this application is validated it becomes the plumbing permit and will be returned to you.

Address:

JOB ADDRESS	SUITE/UNIT #	CONTRACTOR JOB NO.
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CONTRACTOR SPECIAL WORK COMMENTS. (i.e., location on premises or other pertinent information).

PLUMBERS BUSINESS NAME	PHONE NO.	OWNER OF PREMISES	PHONE NO.
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ADDRESS	FAX NO.	ADDRESS
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CITY/STATE/ZIP	CITY/STATE/ZIP
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MASTER PLUMBER CELL PHONE	E-MAIL	DESCRIPTION OF WORK
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CLASS OF WORK	ALTER/REMODEL	NEW CONSTRUCTION
	ADDITION	LICENSE/ORDERS/OCCUPANCY # _____

USE OF PROPERTY	1 OR 2 FAMILY	COMMERCIAL
	MULTI-FAMILY	TAX EXEMPT

By the signature hereafter, the master plumber hereby agrees the work authorized by the issuance of this plumbing permit will be installed in a safe and workman like manner and in accordance with the plumbing rules and regulations prescribed by the City of West Allis Code, the Milwaukee Metropolitan Sewerage District Rules (MMSD) and State of Wisconsin Codes and Statutes. Further, the issuance of this plumbing permit includes review and correction by the Master Plumber of illegal cross-connections (see State of WI Adm. Code Sections SPS 382.41 and NR 811.09). **By signing this permit application, it is understood that a contract exists between the owner or owner's agent and the City of West Allis, guaranteeing the right to enter for all required inspections and investigations. Applicant is obligated to ensure final inspection is made. Also by signing, I agree that any notice of compliance or noncompliance may be delivered electronically.**

PERMIT FEES

Complete the worksheet (next page) to determine the fee amount.	
TOTAL DUE	\$

Official Use Only - Permit Issued

Insp. Comments/Conditions

_____ Master Plumbers Name (Type/Print)

_____ Master Plumbers Signature

_____ State of WI License / Certification #

_____ Date

FINAL APPROVAL APPROVAL DATE: _____

BY: _____

Date Stamp Approved for processing by:

Issue Date:

Permit #:

NOTICE: A Plumbing Permit becomes null and void if work or construction authorized is NOT commenced within 120 days of issuance, or if construction or work is suspended or abandoned for a period of 120 days at any time after the work has commenced. Before such work can be recommenced, a new permit shall be obtained. A written request from the permit holder prior to termination may extend a plumbing permit up to an additional 120 days. REFUND OF FEES: That portion in excess of \$100 is eligible to be refunded to the permit holder for work not yet started when a refund request is made in writing and received in the Building Inspection office prior to permit termination.

Plan Approval (If Required) # _____

Key #:

