



# La Crosse Fire Department

Division of Community Risk Management

[inspection@cityoflacrosse.org](mailto:inspection@cityoflacrosse.org) 608-789-7530

<http://www.cityoflacrosse.org/your-government/departments/fire-department>

## 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:

☐ Connect

☐ Relay

Sanitary Sewer:

☐ Connect

☐ Relay

Water:

☐ Connect

☐ 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: \_\_\_\_\_