



2000 MUNICIPAL DR.
NEENAH, WI 54956
BUILDING INSPECTIONS (920) 720-7104

PERMIT #:	
RECEIPT #:	

PLUMBING PERMIT APPLICATION

☐ RESIDENTIAL (1 OR 2 FAMILY) ☐ COMMERCIAL/INDUSTRIAL/MULTI-FAMILY

PROJECT ADDRESS:

PROPERTY OWNER		APPLICANT (<input type="checkbox"/> Check if same as owner)	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE		CONTACT NAME	
EMAIL		PHONE	
		EMAIL	
		MASTER PLUMBER #	

WATER CLOSETS		CLOTHES WASHERS		CATCH BASINS	
LAVATORIES		LAUNDRY TRAYS		BRADLEY SINKS	
BATHTUBS		WATER HEATERS		BIDETS	
SHOWER STALLS		FLOOR DRAINS		BAR SINKS	
KITCHEN SINKS		SUMP PUMPS		ICE CHESTS	
DISPOSALS		URINALS		STORM SEWERS	
DISHWASHERS		SERVICE SINKS		ROOF DRAINS	
DRINKING FOUNTAINS		WALL HYDRANTS		GREASE TRAPS	
OTHER (DESCRIBE BELOW)		WHIRLPOOLS		EJECTOR PUMPS	
TOTAL NUMBER OF FIXTURES:					
ESTIMATED COST: \$			FEE: \$		

OTHER WORK OR COMMENTS: _____

The applicant agrees in consideration of the issuance of this permit to do only the work specified herein and to faithfully comply with the laws and regulations of the State of Wisconsin and the Ordinances of the Village of Fox Crossing.

APPLICANT SIGNATURE:		DATE:	
APPROVED BY:		DATE:	