



TWO RIVERS WISCONSIN

Submit to:
Inspections Department
City of Two Rivers
PO Box 87
Two Rivers, WI 54241-0087
Email: zoning@two-rivers.org
Fax 920-793-5512

PLUMBING PERMIT APPLICATION

1. Project Address _____
2. Owner _____ Phone _____
3. Building/Structure Residence Commercial Industrial Institutional Accessory
4. Contractor _____ Phone _____
5. Master Plumber # _____ Expiration Date _____

Number	Type of Work	Number	Type of Work	Number	Type of work
	Kitchen Sink		Floor Drain		Urinal
	Garbage Sink Unit		Garage Floor Drain		Drinking Fountain
	Dish Washer		Water Heater		Service Sink
	Clothes Washer		<input type="checkbox"/> Gas <input type="checkbox"/> Electric		Catch Basin/Manhole
	Laundry Tray		<input type="checkbox"/> Tank <input type="checkbox"/> Tankless		Fire Sprinkler
	Water Closet		Water Softener		RBFP
	Lavatory		Turf Sprinkler		Acid Tank & Piping
	Bathtub		Sump Pump		Water Piping
	Shower		Ejector Pump		Alter Drain
	Bar/Sink		Hose Bibbs		Deduct Meter
<input type="checkbox"/> Lay	<input type="checkbox"/> Re-lay	<input type="checkbox"/> Alter	<input type="checkbox"/> Sewer	<input type="checkbox"/> Water	<input type="checkbox"/> Building Drain
A	inch		Water Service from	to	
A	inch		Drain Pipe (sanitary) from	to	
A	inches (Storm)				

Other:

<u>Plumbing Permit Fees</u> (rounded to the nearest whole number)	For a project that requires work to be performed in the City Right of Way, please contact the Engineering Department to obtain a Permit to Construct, Maintain or Repair Utilities within the Street Right-of-Way and Bonding Requirements.
2.0% of valuation (Residential)	
2.5% of valuation (Commercial)	
\$50 Minimum Fee	
Project Cost \$	Permit Fee \$

Signed _____
(Plumber or Owner Occupant of Single-Family Dwelling)

Date _____