426 W. Kimberly Ave.
Kimberly, WI 54136

p 920-788-7507
www.vokimberly.org
streets@vokimberlywi.gov

VILLAGE OF KIMBERLY

PLUMBING PERMIT APPLICATION

ALLOW 10 BUSINESS DAYS FOR APPROVAL

Project Address	_____ PERMIT #: _____
Applicant	☐ Owner ☐ Contractor ☐ Tenant ☐ Other (describe)_____
Owner / Tenant	Name_____ Phone_____ Address_____ Email_____
Contractor	Company Name_____ Phone_____ Contact_____ Email_____ Address_____State Credential #'s_____ Master Plumber Lic #
Type	☐ New Building ☐ Water Heater ☐ New or Relocated Fixtures ☐ Replacement Fixtures
Use	☐ Residential ☐ Commercial

Please indicate number of fixtures

Full Village Fee Schedule can be accessed here:

www.vokimberly.org/resources/fee-schedule/

___ Bar Sink	___ Dip Well	___ Hose Bibb	___ Plaster Sink	___ Surgeons Sink
___ Bathtub	___ Dishwasher	___ Ice Chest	___ Roof Drain	___ Toilet
___ Beer Tap	___ Disposal	___ Int Grease Trap	___ San SumpPump	___ Urinal
___ Bidet	___ Drinking Fount	___ Kitchen Sink	___ Sculry Sink	___ Wait Station
___ Break Rm Sink	___ Exam Sink	___ Lab Sink	___ Service Sink	___ Wash Fountain
___ Catch Basin	___ Ext Grease Trap	___ Laundry Tray	___ Shampoo Sink	___ Water Heater
___ CCC Assembly	___ Eye Wash Stat	___ Lavatory	___ Shower	☐ Gas ☐ Elec ☐ Power Vent
___ Class Rm Sink	___ Food Prep Sink	___ Local Waste	___ Site Drain	___ Water Sewer Meters
___ Clothes Washer	___ Floor Drain	___ Misc Fixtures	___ Soda Dispenser	_____
___ Coffee Maker	___ Floor Waste Sink	___ Water Softener	___ Standpipe Rec	_____
___ Comm Ice Maker	___ Garage Drain	___ Water Usage Meters	___ Sterilizer	_____
___ Deduct Meters	___ Hand Sink	___ Whirlpool	___ Sump Pump	_____

Project Description	_____ _____
Value of Job	$ _____ (Value for materials & labor is req. to ensure consistency in assessing permit fees for all applicants.) Payment Date Received:_____ ☐ Check #_____ ☐ Cash ☐ Credit/Debit Card (office or online only)

I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.

Name: _____ (Please print) Date: _____

Master Plumber's Signature: _____ Total Fees Due:_____

Approved By:_____ Date: _____

License # _____ ☐ Inspector ☐ Payment ☐ Approved ☐ Deposit ☐ Assessor