



VILLAGE OF KIMBERLY

PLUMBING PERMIT APPLICATION

ALLOW 10 BUSINESS DAYS FOR APPROVAL

426 W. Kimberly Ave.
Kimberly, WI 54136

p 920-788-7507

www.vokimberly.org
streets@vokimberlywi.gov

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	<table style="width: 100%; border: none;"> <tr> <td>___ Bar Sink</td> <td>___ Dip Well</td> <td>___ Hose Bibb</td> <td>___ Plaster Sink</td> <td>___ Surgeons Sink</td> </tr> <tr> <td>___ Bathtub</td> <td>___ Dishwasher</td> <td>___ Ice Chest</td> <td>___ Roof Drain</td> <td>___ Toilet</td> </tr> <tr> <td>___ Beer Tap</td> <td>___ Disposal</td> <td>___ Int Grease Trap</td> <td>___ San SumpPump</td> <td>___ Urinal</td> </tr> <tr> <td>___ Bidet</td> <td>___ Drinking Fount</td> <td>___ Kitchen Sink</td> <td>___ Sculry Sink</td> <td>___ Wait Station</td> </tr> <tr> <td>___ Break Rm Sink</td> <td>___ Exam Sink</td> <td>___ Lab Sink</td> <td>___ Service Sink</td> <td>___ Wash Fountain</td> </tr> <tr> <td>___ Catch Basin</td> <td>___ Ext Grease Trap</td> <td>___ Laundry Tray</td> <td>___ Shampoo Sink</td> <td>___ Water Heater</td> </tr> <tr> <td>___ CCC Assembly</td> <td>___ Eye Wash Stat</td> <td>___ Lavatory</td> <td>___ Shower</td> <td>☐ Gas ☐ Elec ☐ Power Vent</td> </tr> <tr> <td>___ Class Rm Sink</td> <td>___ Food Prep Sink</td> <td>___ Local Waste</td> <td>___ Site Drain</td> <td>___ Water Sewer Meters</td> </tr> <tr> <td>___ Clothes Washer</td> <td>___ Floor Drain</td> <td>___ Misc Fixtures</td> <td>___ Soda Dispenser</td> <td>_____</td> </tr> <tr> <td>___ Coffee Maker</td> <td>___ Floor Waste Sink</td> <td>___ Water Softener</td> <td>___ Standpipe Rec</td> <td>_____</td> </tr> <tr> <td>___ Comm Ice Maker</td> <td>___ Garage Drain</td> <td>___ Water Usage Meters</td> <td>___ Sterilizer</td> <td>_____</td> </tr> <tr> <td>___ Deduct Meters</td> <td>___ Hand Sink</td> <td>___ Whirlpool</td> <td>___ Sump Pump</td> <td>_____</td> </tr> </table>					___ 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	_____
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Full Village Fee Schedule can be accessed here:  www.vokimberly.org/resources/fee-schedule/																																																																	
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>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.</i> Name: _____ (Please print) Date: _____ Master Plumber's Signature: _____ Total Fees Due: _____ Approved By: _____ Date: _____ License # _____ ☐ Inspector ☐ Payment ☐ Approved ☐ Deposit ☐ Assessor																																																																	