VILLAGE OF KIMBERLY

PLUMBING PERMIT APPLICATION

426 W. Kimberly Ave.
Kimberly, WI 54136

p 920-788-7507

www.vokimberly.org

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

Fees: $30 base fee + $5/fixture

____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	____Water Softener
____Coffee Maker	____Floor Waste Sink	_____	____Standpipe Rec	____Water Usage Meters
____Comm Ice Maker	____Garage Drain	_____	____Sterilizer	____Whirlpool
____Deduct Meters	____Hand Sink	_____	____Sump Pump	

Project Description	_____ _____
Value of Job	$ _____ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.) Payment by: □ Check #_____ □ Cash □ Fee Account □ 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: _____ Prepared/Issued By: _____

Approved By:_____ Date: _____ Total Fees Due: _____