

PLUMBING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. _____

Parcel No. _____

Permit Fee _____

Check No. _____

Date _____

Owner/Contractor _____

Project Type _____ Phone Number _____

Project Address _____

Comments _____ Email _____

TYPE OF BUILDING

- One Family Multi-Family
 Two Family Commercial
 Other (specify) _____

APPLICATION TYPE

- New Building
 Remodeling
 Other (specify) _____

WATER CLOSETS

WASH BASINS

BATH TUBS

SHOWER STALLS

SINKS

DISPOSALS

DISHWASHERS

GREASE INTERCEPTORS

DRAIN TILE RECEIVERS

SITE DRAINS

CLOTHES WASHERS

LAUNDRY TRAYS

WATER HEATERS

FLOOR DRAINS

SUMP PUMPS

WHIRLPOOL TUBS

URINALS

BAR SINKS

GARAGE DRAINS

OTHER

Applicant hereby agrees to perform work pursuant to local and state plumbing code.

Licensed Master Plumber (Print) License No. _____

Estimated Cost _____

Signature of Applicant _____

Date _____

Plumbing Contractor _____

Contractor Telephone Number _____

Contractor Mailing Address _____

Plumbing Inspector _____

City _____ State _____ ZIP _____

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598