City of Oshkosh

P O Box 1130
Oshkosh, WI 54903-1130
Phone: (920) 236-5050
www.oshkoshwi.gov

Plumbing Permit Application

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