

# City of Racine Building Department



730 Washington Avenue  
 Racine, WI 53403  
 Phone (262) 636-9164  
 FAX (262) 636-9329

Receipt No

## PLUMBING PLAN REVIEW

Project Address   Date Submitted   
 Secondary Address   
 Parcel ID  Staff

Owner  Project Name   
 Address1  PlanType  
 Address2   New Building  Addition/Remodel  
 City   Residential Water Piping  State Approved  
 State  Zip   
 Phone   
 E-mail  Date Approved

Applicant  Designer   
 Address1  Address1   
 Address2  Address2   
 City  City   
 State  Zip  State  ZIP   
 Phone  Phone   
 E-mail  E-mail   
 Contact  Contact

Fees are pursuant to Wis. Admin. Code, Chapter ILHR 2, and may be subject to change annually.

Item Description	Fee Computations	Fee Submitted
Sanitary Building Sewer Only (no drain and vent)	Sum of Sanitary Sewer Diameters <input type="text"/> Inches x \$30.00 =	
Sanitary Drain and Vent System	Sum of Sanitary Sewer Diameters <input type="text"/> Inches x \$50.00 =	<input type="text"/>
Sanitary Private Interceptor Main Sewer	Sum of Largest Diameters <input type="text"/> Inches x \$30.00 =	<input type="text"/>
Building Water Service Only (no water distribution system)	Sum of Water Service Diameters <input type="text"/> Inches x \$30.00 =	<input type="text"/>
Building Water Distribution System	Sum of Water Service Diameters <input type="text"/> Inches x \$50.00 =	<input type="text"/>
Private Water Main	Sum of Water Main Diameters <input type="text"/> Inches x \$30.00 =	<input type="text"/>
Building Storm and Clear Water Drain System	Sum of Storm Sewer Diameters <input type="text"/> Inches x \$15.00 =	<input type="text"/>
Storm Private Interceptor Main Sewer	Sum of Largest Diameters <input type="text"/> Inches x \$15.00 =	<input type="text"/>
Turf Sprinkler System	Number of Turf Sprinkler Systems <input type="text"/> x \$80.00 =	<input type="text"/>
Grease Interceptor * (See Note Below)	Number of Grease Interceptors <input type="text"/> x \$85.00 =	<input type="text"/>
Garage Catch Basin * (See Note Below)	Number of Garage Catch Basins <input type="text"/> x \$85.00 =	<input type="text"/>
Other (Enter description)	<input type="text"/>	Enter Fee <input type="text"/>

Priority Review  Yes  No Double Fees Above

Installation without Approval  Yes  No Double Fees Above

\* NOTE \* No Additional Fee Required If Submitted With Sanitary Drain and Vent System **Total Fee**

Comments  Fee Adjustment