



Parcel No. _____

Permit No. _____

VILLAGE OF WINNECONNE, WI

PO BOX 488 • Winneconne, WI 54986 • PH. 920-582-4381 • FAX 920-582-0660

ASC@winneconnewi.gov for submittals & Payments sent to Village of Winneconne, P.O. Box 488, Winneconne, WI 54986

Residential Plumbing Permit

Property Owner: _____ Phone: _____

Property Address: _____

Contractor's name: _____ Phone: _____

Contractor's address: _____ License #: _____

Type of occupancy: _____

Job description: _____ Project Cost \$: _____

\$125.00 Base fee

Owner/Contractor: _____ Date: _____

Inspector: _____ Date: _____

Payable to: Village of Winneconne, PO BOX 488 • Winneconne, WI 54986 • PH 920-582-4381 • FAX 920-582-0660

All work to meet the State Codes or reinspection fees will be charged for improper installation.

The owner/contractor is responsible for making arrangements for the final inspection.

Revised 5/2025