



Town of Herman

N8139 Franklin Road
Plymouth, WI 53073
(920) 565-2934

BUILDING & ZONING PERMIT APPLICATION

(New Construction of One or Two Family Dwellings require a different form)

PERMIT APPLICANT					
Name:	Phone Number:				
Mailing Address:					
City:	State:	Zip:			
PROPERTY OWNER (If different than above)					
Name:	Phone Number:				
Mailing Address:					
City:	State:	Zip:			
PROJECT DESCRIPTION					
Project Address:	Parcel No:				
City:	State:	Zip:			
Current Zoning:	Current Use:				
Description of proposed work: _____					
Estimated Project Cost: _____					
For new buildings and additions that will change the footprint of the existing building, please provide a plan, drawn to scale, of the location of the building in relation to all other buildings and property lines, and the following:					
Width: _____	No. of Rooms: _____	Height: _____	Sq. Feet: _____		
Length: _____	No. of Stories: _____	Basement: _____			
Has a Shoreland/Floodplain Permit been obtained from Sheboygan County Planning: (Provide copy)			Y	N	N/A
Has a Sanitary Permit been obtained from Sheboygan County Planning: (Provide copy)			Y	N	N/A
PROJECT TEAM					
General Contractor	Architect				
Carpenter	Mason				
Electrical Contractor	HVAC				
Electrical Service Provider					
<small>Required Information for Service Inspection</small>					
I hereby certify that all the information provided herein is true and correct, and understand that the issuance of this permit is for administrative purposes only. Please be aware that additional county, state or federal building and land use regulations may apply. It is the applicant's responsibility to obtain all necessary permits and be in compliance with all relevant building and land use requirements. Waste and refuse from projects are not permitted at the Town of Herman Recycling Center.					
Applicant's Signature:		Date Signed:			
OFFICE USE ONLY					
Inspections Required:					
<input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough Construction <input type="checkbox"/> Rough Electrical <input type="checkbox"/> Final Electrical <input type="checkbox"/> Electrical Service					
<input type="checkbox"/> HVAC <input type="checkbox"/> Final <input type="checkbox"/> Other: _____					
Plumbing Inspections: <input type="checkbox"/> Rough Plumbing <input type="checkbox"/> Final Plumbing (Complete Second Page)					
Set Back Information:					
Front: _____	Rear: _____	Side from Lot Line: _____			
Permit Fees:	Late Fees:	Total:			
Permit Issued By:	Date Issued:			Permit No:	
Permit Denied By:	Date Denied:				
Reason for Denial:					
CONTACT INFORMATION					
Eric Raquet - Building and Zoning Administrator			Mail Application to:		
E-mail: eraquet@townherman.com			N8139 Franklin Road		
Phone: (920) 918-9352			Plymouth, WI 53073		



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PLUMBING PERMIT APPLICATION

PROPERTY OWNER

Name: _____ Phone Number: _____
Mailing Address: _____ E-mail: _____
City: _____ State: _____ Zip: _____

PLUMBER'S NAME

Name: _____ Phone Number: _____
Mailing Address: _____ E-mail: _____
City: _____ State: _____ Zip: _____

PROJECT DESCRIPTION

<u>FIXTURES:</u>	Number
<input type="checkbox"/> Sinks	_____
<input type="checkbox"/> Lavatories	_____
<input type="checkbox"/> Bath Tubs	_____
<input type="checkbox"/> Water Closets	_____
<input type="checkbox"/> Laundry Tubs	_____
<input type="checkbox"/> Floor Drains	_____
<input type="checkbox"/> Dishwashers	_____
<input type="checkbox"/> Showers	_____
<input type="checkbox"/> Garbage Disposals	_____
<input type="checkbox"/> Bar Connections	_____
<input type="checkbox"/> Sump Pumps	_____
<input type="checkbox"/> Hose Bibs	_____
<input type="checkbox"/> Water Softeners	_____
<input type="checkbox"/> Other	_____

ALL TESTS ON ROUGH INSTALLATIONS
AS PER WISCONSIN PLUMBING CODE

If more than two (2) inspections are required,
they will be charged to the contracting plumber,
home owner, or the individual doing the
plumbing at \$50.00 per visit.

ALL INFORMATION ON THIS PERMIT IS PURSUANT TO THE WISCONSIN STATUTE 145.06 (1) (a), STATING THAT
THE PLUMBING WORK MUST BE PERFORMED BY A CONTRACTING MASTER PLUMBER.

The applicant agrees to comply with the Wisconsin Uniform Dwelling Code and other municipal ordinances
and with the conditions of this permit, understands that the issuance of the permit creates no legal liability,
expressed or implied on the department or municipality, and certifies that all of the above information is
accurate.

Applicant's Signature:

Date Signed:

PLUMBER & INSPECTOR CERTIFICATIONS

Signature of Master Plumber & Credential No. _____ Date _____

Under floor / basement test & inspection _____ Date _____

Rough-in _____ Date _____

Final _____ Date _____

Plumbing Inspector:

Brett Reichardt
1450 County Road F
Sheboygan, WI 53073
(920) 226-0751

CONTACT INFORMATION

Eric Raquet - Building and Zoning Administrator
E-mail: eraquet@townherman.com
Phone: (920) 918-9352

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