

Date \_\_\_\_\_

**TOWN OF GRAND CHUTE**  
1900 Grand Chute Blvd. • Grand Chute, WI 54913-9613  
Bus. 920-832-1599 Fax 920-832-6036

**SUBCONTRACTOR APPLICATION**

Owner/Tenant Name	Subcontractor
Site Address	Address
Space No.	
Phone #	Phone #

► Circle: **Single Family** or **Duplex** or **Multi-Family** or **Commercial** or **Industrial**

► Circle: **New** or **Addition** or **Alteration** or **Replacement**

**DESCRIPTION OF PROJECT:** \_\_\_\_\_

**ELECTRICAL** Amps \_\_\_\_\_ Volts \_\_\_\_\_ Phase \_\_\_\_\_ **Value of Electrical \$** \_\_\_\_\_

**PLUMBING** **Value of Plumbing \$** \_\_\_\_\_

Laterals (Sizes)  Water \_\_\_\_\_  Sanitary Sewer \_\_\_\_\_  Storm Sewer \_\_\_\_\_

Total Number of Fixtures \_\_\_\_\_

___ Water Closet	___ Lavatory	___ Bathtub/Shower	___ Kitchen Sink	___ Garbage Disp.
___ Dishwasher	___ Clothes Washer	___ Laundry Tray	___ Floor Drain	___ Water Heater
___ Hose Bibb	___ Water Softener	___ Bar Sink	___ Water Cooler	___ Urinal
___ Ice Maker	___ Beverage Disp.	___ Site Drain	___ Sump Pump	___ Grease Trap

List Other Fixtures: \_\_\_\_\_

**HEATING, VENTILATION & AIR CONDITIONING** **Value of HVAC \$** \_\_\_\_\_

**SPRINKLER SYSTEM** Number of Heads \_\_\_\_\_ **Value of Sprinklers \$** \_\_\_\_\_

Fees: E \_\_\_\_\_ P \_\_\_\_\_ H \_\_\_\_\_ S \_\_\_\_\_ **TOTAL FEE \$** \_\_\_\_\_

**TOTAL PROJECT VALUE \$** \_\_\_\_\_ Receipt # \_\_\_\_\_

The undersigned in consideration of the issuance of this permit to do only the work specified herein and to faithfully comply with laws and regulations of the State of Wisconsin and of the ordinances of the Town of Grand Chute.

**Applicant** \_\_\_\_\_ **Credential No.** \_\_\_\_\_

NOTE: Fee Schedule available at [www.grandchute.net](http://www.grandchute.net), Department-Community Development, Fees and Deadlines