

BUILDING PERMIT APPLICATION

Permit # _____

Tax Parcel # _____

IMPORTANT – Complete ALL items. Mark boxes where applicable.

LOCATION OF BUILDING **Number & Street** _____

IDENTIFICATION – To be completed by all applicants

Name **Mailing address – Number, street, city, & state** **Zip** **Tel. No.**

Owner: _____

Contractor: _____

The owner of this building and the undersigned agrees to conform to all applicable laws.

Signature of Applicant **Address** **Application Date**

TYPE AND COST OF BUILDING – All applicants complete

TYPE OF IMPROVEMENT	PROPOSED USE – For tracking most recent use	
<input type="checkbox"/> New Building	Residential:	TYPE OF BUILDING:
<input type="checkbox"/> Addition	<input type="checkbox"/> One Family	<input type="checkbox"/> Masonry
<input type="checkbox"/> Alteration	<input type="checkbox"/> Two or More Family	<input type="checkbox"/> Wood Frame
<input type="checkbox"/> Repair/Replacement	<input type="checkbox"/> Garage	<input type="checkbox"/> Structural Steel
<input type="checkbox"/> Wrecking/Razing	<input type="checkbox"/> Deck	<input type="checkbox"/> Reinforced Concrete
<input type="checkbox"/> Moving or Relocation	<input type="checkbox"/> Roof	<input type="checkbox"/> Other – Specify _____
<input type="checkbox"/> Foundation Only	<input type="checkbox"/> Other _____	

Ownership	<input type="checkbox"/> Outdoor Wood Burner \$10.00	DIMENSIONS & HEIGHT:
<input type="checkbox"/> Private (Individual, Corporation Corporate Institution, etc.)	<input type="checkbox"/> Fence Permit \$50.00	Number of Stories _____
<input type="checkbox"/> Public (Federal, State or Local Government)	<input type="checkbox"/> Driveway Permit \$50.00	Number of Bedrooms _____
	Size: _____	Number of Bathrooms _____
	<input type="checkbox"/> Parking Lot Permit \$50.00	Full _____
	Size: _____	Partial _____
	<i>*Detailed plans must be submitted for approval for parking lots and driveways.</i>	
	<input type="checkbox"/> Razing Permit \$250.00	

COST	(Omit Cents)	Non-Residential-Describe in detail proposed use of building
Cost of Improvements	\$ _____	e.g., food processing plant, machinery shop, laundry bldg.
To be installed but not included		at hospital, elementary school, secondary school, parochial
in above cost.		school, parking garage or department store, office bldg. for
Electrical	\$ _____	enter proposed use.
Plumbing	\$ _____	
Heating, Air Cond.	\$ _____	
Other (elevator, etc.)	\$ _____	
TOTAL COST OF IMPROVEMENT	\$ _____	

****For new homes and those built since June 1 1980, applicants must obtain a WI Uniform Building Permit and Inspection from a registered UDC Inspection Agency.**

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Approved By: **Permit Fee:** **Date Permit Issued:** **Permit Number:**