

VILLAGE OF DOUSMAN

118 S. Main Street
Dousman, WI 53118

Permits Can Be Downloaded At
www.villageofdousman.com

For Inspection Call
Phone: 262-490-0513

Building Permit Application

Building Permit # _____

Tax Key # _____

Name _____

Phone() _____

Address _____

Contractor _____

LIC#	D.C.	LIC#	D.C.Q.
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Phone() _____

Address _____

Project Location _____

Project Description _____

Zoning District _____	Bond:	Setbacks	Front. Ft.	Rear Ft.	Left Ft.	Right Ft.
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Signature of Applicant _____ Date: _____

Permit Fees:

*****Fees below do not represent all costs for Building Permit*****

Residential – 1&2 Family

Remodel/Addition/Deck - \$7.00 per M of Total Cost of Project...(Incl. Mechs).....
- \$75.—Minimum.....
Accessory Building - Up to 150 sq. ft. - \$40.00.....
- 150--600 sq. ft. - \$60.00.....
- Over 600sq. ft. New Structure Rates Apply.....

Commercial-Industrial-Multi

New Building - \$7.00 per M of Total Cost of Project...(Incl. Mechs).....
Remodel/Addition - \$7.00 per M of Total Cost of Project...(Incl. Mechs).....

Mechanical/Miscellaneous

Pool - \$6.00 per M of valuation - \$75.00 minimum.....
Special Inspections - \$50.00.....

Early Start (Footings and Foundations)

Residential - \$150.00.....
Commercial – Industrial-Multi - \$250.00.....

Zoning/Plan-Review/Other

- \$.....

Quantity

Fee

Total Cost of Project

(Incl.-Mechs, Etc.) \$ _____

TOTAL FEES \$ _____

Dept. Estimated Cost: \$ _____ Ck# _____ Rec'd by _____ Date Rec'd _____

Conditions of Approval: _____

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 48 hours notice on all inspections. ***Double Fees shall be charged if work is started before permit is issued**No Refunds on Permits**

Inspector Signature _____ Date: _____