BUILDING PERMIT APPLICATION

Email Completed Applications to:
sfederwisch@msa-ps.com

For Inspections call: **(920) 226-1030**

	PERMIT NO:
	PROPERTY TYPE:
	OCCUPANCY TYPE:
	SQUARE FOOTAGE:
	ESTIMATED COST:
	PARCEL NO:

The undersigned hereby applies for a permit to do the work herein described and hereby agrees that all work will be done in accordance with all the laws of the State of Wisconsin and all the ordinances.

JOB ADDRESS:

OWNER NAME:	OWNER PHONE:
CONTRACTOR NAME:	LICENSE #:
ADDRESS:	
PHONE:	EMAIL:

Work Consists of:	Comments/Additional Contractors/Work Description:
☐ Accessory Building	
☐ Roof	
☐ Siding/Windows	
☐ Fence	
☐ Alteration/Repair	
☐ Deck	
☐ Pool	
☐ Electrical	
☐ Plumbing	
☐ HVAC	
☐ Other	

Applicant's Signature: Date:

For Office Use

Check #:	**Fees:**	Inspector's Signature:
From:	Building:_____	
Date Recv'd:	Electric: _____	
Misc:	Plumbing:_____	Certification Number:
	HVAC: _____	
	Zoning: _____	Date:
	Total: _____	

Make Checks payable to: Village of Stockbridge

VOS-BLDG-01