

USE THIS FORM TO APPLY FOR WORK TO BE DONE ON COMMERCIAL BUILDINGS

THE OWNERS NAME **MUST** BE THE NAME THAT APPEARS ON THE TAX ROLL-call 715-879-5011 to verify

Applications must be re-submitted and will be delayed if the current owner is not correctly identified

Parcel Number		ELK MOUND WIS BUILDING PERMIT APPLICATION				Building Address	
		The information you provide may be used by other government agency programs (Privacy Law, s. 15.04 (1)(m))					
PERMIT REQUESTED		Estimated Value	<input type="checkbox"/> Erosion Control		Estimated Value		
<input type="checkbox"/> Constr.			<input type="checkbox"/> Electric				
<input type="checkbox"/> HVAC			<input type="checkbox"/> Plmbng				
Owner's name		Mailing address			Telephone		
					Cell		
					Fax		
Construction Contractor Name/License #		Contact & Address			Telephone		
					Cell		
					Fax		
Electric Contractor Name/License #		Contact & Address			Telephone		
					Cell		
					Fax		
HVAC Contractor Name/License #		Contact & Address			Telephone		
					Cell		
					Fax		
Plumbing Contractor Name/License #		Contact & Address			Telephone		
					Cell		
					Fax		
Project Location		1/4	1/4	Section	128	R11	
Zoning District(s)		Subdivision Name		Lot No.	Block No.		
DESCRIPTION:							
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.							
APPLICANT'S SIGNATURE				DATE SIGNED			
This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.							
APPROVAL CONDITIONS							
The owner is responsible to meet all provisions of the Wisconsin Commercial Building Code							
The Code is available from State Document Sales, PO 7840, Madison, WI, 53707 Tel. (800) 362-7253							
The Code is available for viewing, copying, or printing at no charge on the Internet at www.legis.state.wi.us/rsb/							
Info is also available at the Dept. of Com. website www.commerce.state.wi.us (click on Division of Safety&Buildings)							
I have read and will abide by the above approval conditions				Initials:		Date:	
SETBACKS:	Front	Rear	Left	Right			
FEES:							
Permit Fee	\$		WIS Permit Seal No.		Permit Issued By:		
Administrative Fee			Receipt		Name: Matt Flatland		
Stormwater Plan		Cash Ck			Date: Tel. 715-933-1003		
Erosion Plan		Date					
Permit Seal		From					
Inspection Services	\$						
TOTAL	\$	Rec. By					