

**Town of Strongs Prairie  
C/O Lakeside Inspections  
P.O. Box 334  
Necedah, WI 54646**

Re: Submittals for obtaining a building permit for additions to 1 & 2 family dwellings

1. One (1) complete sets of building plans

Each set of plans shall contain the following:

- a. Plot plan showing the location of the building in relation to other buildings, wells, surface waters, property lines, and septic systems
  - b. Erosion control plan showing how much the site slopes and direction of slopes with numerical indication on slopes greater than 12%. The erosion control plan shall also show all planned erosion control measures, for example: silt fences, straw bales, water diversion plans, gravel access drive, soil piles, etc.
  - c. Floor plans for each floor level that show the size and location of all rooms, doors, windows, structural features, exits, and stairs. The use of each room shall be indicated. The location of plumbing fixtures, chimneys, and heating and cooling appliances.
  - d. Elevations, which show the exterior appearance of the building, indicate the location, size, and configuration of doors, windows, roof, chimneys, exterior grade, footing and foundation walls, and include the type of exterior finish.
2. Permit Fees and other municipal fees that may be required at the time of construction.
  3. Sanitary and/or Land-Use permit from the Adams County Planning and Zoning office if adding bedrooms or if in the "Shoreland" area.
  4. Permit Applications for each type of work being done (i.e. Building, Electrical, Plumbing, & HVAC), and associated permit fees.

The following is a new Wisconsin State Statute (101.654) WI Act 126:

After May 31, 1995, Proof of State Certification as a building contractor is required in order to take out all municipal residential building permits. As an option the Homeowner may take out the permit, but the Homeowner will be required to sign a "Cautionary Statement".

5. Signed "Cautionary Statement" if the homeowner is taking out the building permit.

For information or inspections contact  
Larry Gilles / Building Inspector #70183  
1-800-440-1621

Return this form to:

Town of Strongs Prairie

P. O. Box 69

Arkdale, WI 54613

# TOWN OF STRONGS PRAIRIE ZONING PERMIT APPLICATION

1. Date of Application: \_\_\_\_\_

Permit No.: \_\_\_\_\_

2. Applicants Name: \_\_\_\_\_

3. Property Owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Phone: \_\_\_\_\_

4. Contractor: \_\_\_\_\_

5. Property description:

Town Zoning District: \_\_\_\_\_

Shoreland area: \_\_\_ Yes \_\_\_ No

Wetland area: \_\_\_ Yes

No

Address: \_\_\_\_\_

Lot #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Legal description: \_\_\_\_\_

6. Property size:

Width: \_\_\_\_\_ Length: \_\_\_\_\_ No. Acres: \_\_\_\_\_

7. Property use:

**Existing** use(s) of property & structure(s):

Principal structure: \_\_\_\_\_

Accessory structure(s): \_\_\_\_\_

Land use(s): \_\_\_\_\_

**Proposed** use(s) of property & structure(s):

Principal structure: \_\_\_\_\_

Accessory structure(s): \_\_\_\_\_

Land use(s): \_\_\_\_\_

8. **Submit plot plan showing those applicable of the following:**

1. Lot and dimensions.

2. Existing & proposed structures.

3. Abutting roads, lakes, and streams.

4. Existing & proposed driveways, off street parking areas, open space, landscaping.

5. Existing & proposed use of each structure.

6. All setbacks (lot line, adjacent structures, road, well, septic {tank & drain field}, surface water).

7. Building plans for new construction.

8. Elevations of existing & proposed structures.

9. The undersigned hereby applies for a zoning permit, and agrees that all work will be done in accordance with County zoning, Town of Strongs Prairie zoning, building code, and/or subdivision ordinances, and all laws of the State of Wisconsin.

10. By signing this application you give permission to Town officials to inspect the property listed in item 5.

X. Signature of owner / agent: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_ Approved Date: \_\_\_\_\_

\_\_\_\_ Denied Date: \_\_\_\_\_

Signature of zoning official: \_\_\_\_\_

LAKESIDE  
INSPECTIONS  
1-800-440-1621  
COMM 20.02 (a) 3.

UNIFORM  
BUILDING PERMIT  
APPLICATION

UNIFORM PERMIT NO. \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

PERMITS REQUIRED  ELECTRICAL  PLUMBING  HVAC  OTHER \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTRACTORS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_  
BUILDING ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

EST. COST \_\_\_\_\_ DWELLING CONTRACTORS LICENSE NO. \_\_\_\_\_

PROJECT DESCRIPTION  NEW CONSTRUCTION  ADDITION  REMODEL  
DWELLING CONTRACTOR QUALIFIER NO. \_\_\_\_\_

ONE AND TWO FAMILY  COMMERCIAL

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

		COUNT	FEE
<b>ONE AND TWO FAMILY DWELLINGS</b>			
GARAGES	UP TO 600 SQ. FT. \$50.00	_____	Sq. Ft. _____
	OVER 600 SQ. FT. \$.09 PER SQ. FT.	_____	Sq. Ft. _____
REMODELING / ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____	Value _____
	MINIMUM OF \$50.00	_____	Value _____
ACCESSORY BLDG./DECKS	UP TO 600 SQ. FT. \$50.00	_____	Sq. Ft. _____
	OVER 600 SQ. FT. \$.09 PER SQ. FT.	_____	Sq. Ft. _____
<b>COMMERCIAL BUILDINGS</b>			
NEW	\$.09 PER SQ. FT. + \$225.00	_____	Sq. Ft. _____
REMODELING/ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____	Value _____
	MINIMUM OF \$100.00	_____	Value _____
RE-INSPECTION FEE _____	\$25.00 EACH		
FAILURE TO CALL FOR INSPECTION _____	\$25.00 EACH		Total _____

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

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, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONDITIONS OF APPROVAL** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN <input type="checkbox"/>	NAME _____
INSPECTION FEE _____	VILLAGE <input type="checkbox"/>	DATE _____
OTHER _____	CITY <input type="checkbox"/>	CERT. NO _____
TOTAL _____	OF: _____	

## CAUTIONARY STATEMENT TO OWNERS OBTAINING BUILDING PERMITS

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence of the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

LAKESIDE  
INSPECTIONS  
1-800-440-1621  
COMM 20.06 (a) 3.

UNIFORM  
ELECTRICAL PERMIT  
APPLICATION

UNIFORM PERMIT NO. \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

PERMITS REQUIRED  CONSTRUCTION  PLUMBING  HVAC  OTHER \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTRACTORS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_  
BUILDING ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

EST. COST \_\_\_\_\_ CONTRACTORS LICENSE NO. \_\_\_\_\_

PROJECT DESCRIPTION  NEW CONSTRUCTION  ADDITION  REMODEL  
 ONE AND TWO FAMILY  COMMERCIAL

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00	_____	_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS, AND MISC. ITEMS

	EACH	COUNT	FEE
1. Light, switch, and convenience outlet _____	.40	_____	_____
2. Power receptacles over 150 volts, first 30 amps _____	5.00	_____	_____
over 30 amps _____	6.00	_____	_____
3. Lighting fixtures, incandescent _____	.40	_____	_____
4. Tubular lamp, such as fluorescent, per tube _____	.25	_____	_____
5. Arc light, search light, floodlight, mercury light pole base and poles _____	3.00	_____	_____
6. Temporary service and temporary wiring installation _____	50.00	_____	_____
7. Service switch, each or alteration thereof _____			
first 200 amperes _____	50.00	_____	_____
over 200 amperes – additional per 100 amps or a fraction thereof _____	10.00/100 amps	_____	_____
8. Range, oven, clothes dryer, dishwasher, disposal, water heater _____	5.00	_____	_____
9. Residential gas, oil, and electrical furnaces _____	5.00	_____	_____
10. Air conditioners, refrigeration unit _____	5.00	_____	_____
11. Combination heating and air conditioning unit up to 5 ton _____	10.00	_____	_____
over 5 ton _____	20.00	_____	_____
12. Feeder, subfeeder, and raceway – per 100 ampere capacity or fraction thereof _____	5.00/100 amps	_____	_____
13. Each motor, per HP or fraction thereof _____	50/HP – 1.00 Min.	_____	_____
14. Dispenser, - gasoline, fuel oil, permanent vending machines, and well pump _____	6.00	_____	_____
15. Each generator, transformer, reactor, rectifier, capacitor, welder, converter and electric furnace _____	.50/KW	_____	_____
16. Electric unit heating device (including remote thermostat) _____	2.00	_____	_____
17. Swimming pool (electrical wiring and grounding) _____	25.00	_____	_____
18. Sign – fluorescent, neon or incandescent _____	15.00	_____	_____
19. Strip lighting, plug-in strip, trolley duct wire-way, gutter _____	.50/Ft.	_____	_____
20. Hydro massage and hot tubs _____	10.00	_____	_____
21. Fire alarm system _____	15.00	_____	_____
22. Exit lighting system _____	15.00	_____	_____
23. Approved assemblies not included above and others _____	25.00	_____	_____
24. Other (Specify) _____	25.00	_____	_____

Minimum Permit Fee \_\_\_\_\_ \$50.00

RE-INSPECTION FEE \_\_\_\_\_ \$25.00 EACH

FAILURE TO CALL FOR INSPECTION \_\_\_\_\_ \$25.00 EACH

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

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, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	

LAKESIDE  
INSPECTIONS  
1-800-440-1621  
COMM 20.06 (a) 3.

UNIFORM  
PLUMBING PERMIT  
APPLICATION

UNIFORM PERMIT NO. \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

PERMITS REQUIRED \_\_\_\_\_ CONSTRUCTION \_\_\_\_\_ ELECTRICAL \_\_\_\_\_ HVAC \_\_\_\_\_ OTHER \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTRACTORS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_  
BUILDING ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

EST. COST \_\_\_\_\_ CONTRACTORS LICENSE NO. \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_ NEW CONSTRUCTION \_\_\_\_\_ ADDITION \_\_\_\_\_ REMODEL \_\_\_\_\_  
ONE AND TWO FAMILY \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00		_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS, AND MISC. ITEMS

	EACH	COUNT	FEE		EACH	COUNT	FEE
1. Automatic Washer	5.00	_____	_____	19. Urinal	5.00	_____	_____
2. Sink (Kitchen, Mop, Etc.)	5.00	_____	_____	20. High Pressure Boiler	25.00	_____	_____
3. Dishwasher	5.00	_____	_____	21. Drinking Fountain	5.00	_____	_____
4. Garbage Grinder	5.00	_____	_____	22. Wash Fountain	5.00	_____	_____
5. Water Closet	5.00	_____	_____	23. Sanitary Building Drain		_____	_____
6. Shower	5.00	_____	_____	First 75 Feet	10.00	_____	_____
7. Lavatory	5.00	_____	_____	Over 75 Feet	.35/Ft.	_____	_____
8. Laundry Tray	5.00	_____	_____	24. Storm Building Drain		_____	_____
9. Bath Tub	5.00	_____	_____	First 75 Feet	10.00	_____	_____
10. Hot Tub, Spa, Whirlpool	10.00	_____	_____	Over 75 Feet	.35/Ft.	_____	_____
11. Floor Drain	5.00	_____	_____	25. Manhole	10.00	_____	_____
12. Sight Drain	5.00	_____	_____	26. Catch Basin	5.00	_____	_____
13. Sillcock	2.00	_____	_____	27. Other _____		_____	_____
14. Water Heater	5.00	_____	_____			_____	_____
15. Sump Pump	5.00	_____	_____			_____	_____
16. Ejectors or Pump	5.00	_____	_____			_____	_____
17. Water Softener	5.00	_____	_____			_____	_____
18. Backflow Prevention Device	5.00	_____	_____			_____	_____

Minimum Permit Fee \_\_\_\_\_ \$50.00

RE-INSPECTION FEE \_\_\_\_\_ \$25.00 EACH

FAILURE TO CALL FOR INSPECTION \_\_\_\_\_ \$25.00 EACH

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

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FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	

LAKESIDE  
INSPECTIONS  
1-800-440-1621  
COMM 20.06 (a) 3.

**UNIFORM  
HEATING, VENTILATING, and AIR CONDITIONING  
APPLICATION**

UNIFORM PERMIT NO. \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

PERMITS REQUIRED  CONSTRUCTION  PLUMBING  ELECTRICAL  OTHER  \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CONTRACTORS NAME \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_  
BUILDING ADDRESS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_

EST. COST \_\_\_\_\_ CONTRACTORS LICENSE NO. \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_ NEW CONSTRUCTION \_\_\_\_\_ ADDITION \_\_\_\_\_ REMODEL \_\_\_\_\_  
ONE AND TWO FAMILY \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

**SCHEDULE OF WORK INVOLVED AND INSPECTION FEES**

NEW BUILDING	EACH	COUNT	FEE
Base Fee _____	\$35.00	_____	_____
Plus _____	\$.03/Sq. Ft For All Areas	_____ Sq. Ft.	_____

**REPLACEMENT & MODIFICATIONS OF HEATING & AIR CONDITIONING EQUIPM & MISC. ITEMS**

	EACH	COUNT	FEE
Gas, oil, electric and coal furnace and boiler	\$25.00	_____	_____
First 150,000 BTU	\$25.00	_____	_____
150,000 BTU	\$3/50,000 BTU	_____	_____
All Over 150,000 BTU		_____	_____
Air Conditioning	\$25.00	_____	_____
All Over 36,000 BTU		_____	_____
Fireplace and wood burning stove	\$25.00	_____	_____
Electric baseboard, wall unit and cabinet unit	\$1.25/KW	_____	_____
Duct work alteration	\$25.00	_____	_____
Other	\$25.00	_____	_____

Minimum Permit Fee \_\_\_\_\_ \$50.00

RE-INSPECTION FEE \_\_\_\_\_ \$25.00 EACH  
FAILURE TO CALL FOR INSPECTION \_\_\_\_\_ \$25.00 EACH  
DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

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, expressed, or implied, of the department, municipality, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONDITIONS OF APPROVAL** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 1-800-440-1621 for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
PLAN REVIEW _____	TOWN _____	NAME _____
INSPECTION FEE _____	VILLAGE _____	DATE _____
OTHER _____	CITY _____	CERT. NO _____
TOTAL _____	OF: _____	



www.co.adams.wi.gov

OFFICE USE ONLY:

File #: \_\_\_\_\_

Date: \_\_\_\_\_

Parcel #: \_\_\_\_\_

State Sanitary #: \_\_\_\_\_

State UDC Seal #: \_\_\_\_\_

Waterfront Yes No

Critical Habitat Area: Yes No

County Zoning District: \_\_\_\_\_

Shoreland Zoning District: \_\_\_\_\_

FIRM / Flood Study Zone: \_\_\_\_\_

Airport Height Zoning: \_\_\_\_\_

Planning & Zoning Department Permit Application

P. O. Box 187 Phone: 608 339-4222
Friendship, WI 53934 Fax: 608 339-4504

\* ADDITIONAL REGULATIONS: (1) Per Sec. 6-1.06 of the Adams County Shoreland Protection Ordinance, all nonconforming shoreline buffer areas shall be brought into compliance by September 30, 2013, unless prior to said date, NR115 as revised, requires less for compliance. (2) The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. The undersigned agrees that all work will be done in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances and with all laws of the State of Wisconsin applicable to said premises and work. (3) There may be Town or other local regulations or covenants that apply to your project. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

BUFFER RESTORE EROSION CONTROL ZONING SANITARY BUILDING RAZING SIGN TEMP. OCC.

Date: \_\_\_\_\_ Fee: \_\_\_\_\_

COUNTY USE PERMIT { Portable Restroom - Transfer Container - Limited Holding Tank } NON-PLUMBING SANITATION SYSTEM

Type: \_\_\_\_\_

NOTE: Construction must be completed within two (2) years from the issue date of this Permit.

\* SETBACKS: All lot lines shall be physically marked for all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete construction according to the approved submittals. Please call the Planning & Zoning Dept. to schedule inspection(s) for your project.

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

Owned By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_
{First} {Middle Initial} {Last}

Mailing Address: \_\_\_\_\_

Property Description:

Gov. Lot: \_\_\_\_\_ or \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Sec. \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E

Lot: \_\_\_\_\_; Block: \_\_\_\_\_; Addition: \_\_\_\_\_; Subdivision: \_\_\_\_\_

Town of: \_\_\_\_\_ Property Address (if any): \_\_\_\_\_

Lot / Parcel Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Acres / Sq. Ft.: \_\_\_\_\_

Construction Description: \_\_\_\_\_

(New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitation, Sign etc.)

Use: \_\_\_\_\_

(Residence, Accessory Building, Commercial, Industrial, Public etc.)

Type of Construction (if Manufactured Home, list year): \_\_\_\_\_

(Frame, Masonry, Manufactured Home, Manufactured Dwelling, etc.)

Building Description: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Area: \_\_\_\_\_ Sq. Ft.

Height: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Signature of Owner or Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

(Signature grants consent for Dept. staff to enter premises and \*acknowledgement of notes above)

Address: \_\_\_\_\_

OFFICE USE ONLY:

Zoning: \$ \_\_\_\_\_ Comments / Conditions: \_\_\_\_\_

Sanitary: \$ \_\_\_\_\_

Building: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

State Fee: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Paid (check # or cash): \$ \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Denied by: \_\_\_\_\_ Date: \_\_\_\_\_