

**Town of Strongs Prairie  
c/o Lakeside Inspections  
8735 Elder Rd.  
Tomah, WI 54660  
(800) 440-1621**

For obtaining permits for **COMMERCIAL BUILDINGS** (all buildings other than 1&2 family dwellings and accessory buildings incidental to the use of the dwelling) the following must be done before the Building Inspector can issue the permit:

1. Sanitary Permit – You may be required to obtain a Sanitary Permit issued from Adams County Planning and Zoning office. Their phone number is (608) 339-4222. If you already have a septic system on your property and it is more than 2 years old, you may need what is called a re-connect permit from the County.
2. Zoning Permit – If your building project is located within 1,000 feet of a lake or flowage, or within 300 feet of any navigable stream, then you would be required to apply for a zoning permit from Adams County Planning and Zoning.
3. Town of Strongs Prairie Zoning Permit – You must apply for and have approved a zoning permit from the Town Zoning Administrator.
4. State Approved Plans – Many types of commercial buildings require that the plans be approved by the State of Wisconsin Department of Safety and Professional Services.
5. Two (2) Sets of Building Plans – must be submitted to Lakeside Inspections. If State approval is required, one of the sets of plans must bear the State's original stamp of approval.

**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. 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 heated and cooling appliances.
  - c. 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.
6. Building Permit Application – You will need to submit a completed Uniform Building Permit Application, along with the permit fees and other municipal fees that may be required at the time of construction. Permits for the mechanical installations of the building (i.e. HVAC, Electrical, and Plumbing) are applied for on the separate permit applications.

If you are not sure if the building you are proposing requires state approved plans, ask the local inspector or call one of the following regional state offices. These are full service offices where plans may be submitted.

**HAYWARD**

10541 N. Ranch Rd.  
(715) 634-4870  
Fax: 715-634-5150

**LACROSSE**

4003 N. Kinney Coulee  
(608) 785-9334  
Fax: 608-785-9330

**MADISON**

201 W. Washington Ave.  
(608) 266-3151  
Fax: 608-267-9566

**SHAWANO**

1340 E. Green Bay St.  
(715) 524-3626  
Fax: 715-524-3633

**WAUKESHA**

401 Pilot Court  
(262) 548-8600  
Fax: 262-548-8614

**GREEN BAY**

2331 San Luis Pl.  
(920) 492-5601  
Fax: 920-492-5604

**Plumbing plans may also have to be approved by the State of Wisconsin depending on the number of fixtures being installed in the building. (Currently, the number of fixtures is 16 or more)**

**Information**

Driveway Permit – Driveways on the County Trunk System require a County driveway permit issued by Adams County.

All this information and forms are available at the Lakeside Inspections Website at [www.bldgpermit.com](http://www.bldgpermit.com) Along with applications for other types of permits also.

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.   | 5. Existing & proposed use of each structure.  |
| 2. Existing & proposed structures.   | 6. All setbacks (lot line, adjacent structures, road, well, septic {tank & drain field}, surface water). |
| 3. Abutting roads, lakes, and streams.   | 7. Building plans for new construction.  |
| 4. Existing & proposed driveways, off street parking areas, open space, landscaping. | 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 \_\_\_\_\_ CONTRACTORS LICENSE NO. \_\_\_\_\_

PROJECT DESCRIPTION  NEW CONSTRUCTION  ADDITION  REMODEL  
 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.		
REMODELING / ADDITIONS	\$6.00 PER \$1,000 OF VALUATION	_____ Value	_____
	MINIMUM OF \$50.00		
ACCESSORY BLDG./DECKS	UP TO 600 SQ. FT. \$50.00	_____ Sq. Ft.	_____
	OVER 600 SQ. FT. \$.09 PER 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		
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: _____	

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. \_\_\_\_\_ EST. \_\_\_\_\_

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

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  
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: _____	



**Planning & Zoning Department  
Permit Application**

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

<b>OFFICE USE ONLY:</b>	
File #:	_____
Date:	_____
Computer #:	_____
Parcel #:	_____
State Sanitary #:	_____
State UDC Seal #:	_____
County Zoning District:	_____
Shoreland Zoning District:	_____
FIRM / Flood Study Zone:	_____
Airport Height Zoning:	_____

**NOTES REGARDING ADDITIONAL REGULATIONS:** (1) 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. (2) There may be Town regulations or other local ordinances or covenants that apply to your project. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

**EROSION CONTROL    ZONING    SANITARY    BUILDING    RAZING    SIGN    TEMP. OCC.**  
Date: \_\_\_\_\_ Fee: \_\_\_\_\_

**NOTE: This Permit is valid for two (2) years from the date of issue.**

**IMPORTANT NOTE REGARDING SETBACKS:** All lot lines shall be physically marked for any and 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 the construction according to the submitted and approved plot plan. 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:** \_\_\_\_\_

Use: \_\_\_\_\_ (New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitation, Sign etc.)  
\_\_\_\_\_ (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)  
**Address:** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	
Zoning: \$ _____	Comments / Conditions: _____
Sanitary: \$ _____	_____
Building: \$ _____	_____
Other: \$ _____	_____
Subtotal: \$ _____	_____
State Fee: \$ _____	_____
Total: \$ _____	_____
Paid (check # or cash): \$ _____	
Date: _____	Approved by: _____ Date: _____
By: _____	Denied by: _____ Date: _____