

<b>Town of Addison</b> 127 First St. PO Box 481 Allenton, WI 53002	Phone: (262)629-5420 Fax: (262)629-5718	<b>Building Permit Application</b>
		Permit #- _____ Tax Key- _____

Owner's Name	Mailing Address, City, State, Zip Code	
Project address	Owner's phone #, include area code	
Contractor's name	Contractor's Mailing address, city, state, zip code	
Contractor's Dwelling Contractor (DC) #:	Phone #, include area code	Fax #
Dwelling Contractor Qualifier (DCQ) #:		

**Type of project**

- |  |   |
|--|---|
| <input type="checkbox"/> New one and two-family residence          | <input type="checkbox"/> HVAC (Add or replace AC, replace furnace etc.)                           |
| <input type="checkbox"/> Commercial/industrial/multi-family        | <input type="checkbox"/> Alteration (Reroof, siding, windows, interior remodel, finish basements) |
| <input type="checkbox"/> Accessory buildings (120 Sq. ft. or over) | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Additions                                 |   |
| <input type="checkbox"/> Deck, Pool, Fence                         |   |

<b>Project Description:</b>
<b>Used for:</b>
<b>Estimated Cost:</b>
<b>Needed with Application</b>

- |   |  |
|---|--|
| <input type="radio"/> Wash. Co. Planning and Parks Dept. sign off sheet-if in area beyond 1000 ft. of body of water/wetlands or Wash. Co. Shoreland zoning permit if within 1000 ft. of body of water/wetland (These are not needed for Alterations, or HVAC) | <input type="radio"/> 2 sets of building plans (3 sets if you want copy returned)  |
|   | <input type="radio"/> 2 copies of survey or site plan- showing location of proposed structure (can be sketched on survey/site plan) (3 sets if you want copy returned) (These are not needed for Alterations, or HVAC) |

<b>Signature of Applicant:</b>	<b>Date:</b>
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The applicant agrees to comply with the Municipal Ordinances, State of WI Building Codes, 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, Agency or Inspector; and certifies that all of the above information is accurate.

<b>To request an inspection: call the Building Inspector at number listed. Please give project address, permit # if possible, and type of inspection. Please give at least 24 hour notice on all inspections. 48 hour notice on footing inspections if possible.</b> <b>*Drop off completed application at Town Hall or mail to Town address.</b>	<b>Certified Building Inspector</b> <b>Jeremy Pfeifer</b> <b>Office: 262-629-1774</b> <b>Cell: 262-689-7346</b> <b>License #: 1293974</b> <b>Email: jeremy@jpbbuildinginspections.com</b>
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Accepted by \_\_\_\_\_ Date \_\_\_\_\_ Paid \_\_\_\_\_

Office use only		
Basement sq. ft.-	Heating-	Plan Review-
Living space sq. ft.-	AC-	Inspection-
Garage sq. ft.-	Zoning-	Occupancy-
Site built <input type="checkbox"/> Manufactured <input type="checkbox"/>	Erosion-	WI Seal-
	Other-	<b>TOTAL-</b>