

BUILDING PERMIT APPLICATION

TOWN OF WAUSAUKEE

N11856 U.S. Hwy. 141 • P.O. Box 464
 Wausaukee, WI 54177
 Ph: 715-856-5281 • Fax: 715-856-5291

PERMIT NO.
ISSUE DATE
PERMIT FEE
FIRE NUMBER FEE

PROPERTY OWNER		DWELLING/ATTACHED STRUCTURE	
Name		Number of Bedrooms	
Address		Number of Bathrooms	
City/State/Zip		Total Number of Floors	
Phone		Total Living Area	sq. ft.
Email		Garage/Carport Area	sq. ft.
JOB SITE INFORMATION AND LOCATION		Covered Porch Area	sq. ft.
Job Site Address/Fire No.		Deck Area	sq. ft.
Road Name		Finished Basem't Living Area	sq. ft.
Sec. ____ Twnshp. ____ Range ____, ____ 1/4- ____ 1/4, Governm't Lot ____		Foundation <input type="checkbox"/> Slab <input type="checkbox"/> Crawl <input type="checkbox"/> Full Bsmnt	
Parcel No. _____ (parent parcel if new lot) Acres _____		HVAC Equipment	
Certified Survey Map No. _____	Lot No. _____	<input type="checkbox"/> Forced Air Furn. <input type="checkbox"/> Boiler	
TYPE OF WORK		<input type="checkbox"/> Radiant Basebd. <input type="checkbox"/> Central AC	
<input type="checkbox"/> New Construction	<input type="checkbox"/> Demolition	<input type="checkbox"/> Heat Pump <input type="checkbox"/> Other	
<input type="checkbox"/> Addition/Alteration/Replacement	<input type="checkbox"/> Other	Fireplace (openings)	No.
DESCRIPTION OF WORK		Construction Type <input type="checkbox"/> Site Built <input type="checkbox"/> Mfg.	
		Well Approx. Install Date	month/year
		Septic Approx. Install	month/year
		POLE BLDG/SHED/GARAGE	
		Square Feet	
CONTACT INFORMATION		Type of Floor	
Contact Person Phone (day)		<input type="checkbox"/> Insulated <input type="checkbox"/> Non-Insulated	
(night)		MOBILE HOME	
COST & COMPLETION		Make	
Approx. Completion Date (month/year)		Model	Year
Approx. Cost (include all equipment, materials, labor) \$ _____		Width x Length (without hitch)	

APPLICANT'S SIGNATURE:

"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. I expressly grant the building inspector and assessor, or their authorized agents, 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."

Signature

Date

THIS PERMIT EXPIRES ONE YEAR FROM THE DATE OF ISSUE

DATE OF ISSUE _____

Signature of Issuing Officer _____