



BUILDING PERMIT

DATE _____

APPLICATION

Addition Alteration Accessory Building Other _____

PROJECT LOCATION (Building Address) _____

SUBDIVISION NAME _____ LOT # _____ BLK. # _____

Owner's Name _____	Mailing Address - Including City & Zip _____	Telephone, Include Area Code _____
Contractor's Name _____	Mailing Address - Including City & Zip _____	Telephone, Include Area Code _____
Contractor's D.O.C. Cert. # _____		

BUILDING INFORMATION

PROJECT DESCRIPTION _____

USED FOR _____

ESTIMATED COST _____

1st Planning and Parks Dept. Sign Off Sheet - if in an area beyond 1000 ft. of water body

- 2 Sets of Building Plans
- 2 Copies of Survey - showing location of proposed structure
- 1 Copy of a Plot Plan
- 1st Washington County Shoreland - if within 1000 ft. of water body.
- Flood/Wetlands

Zoning District _____

Basement _____	Heating _____	Occup. _____
Sq. Feet _____	A/C _____	Zoning _____
Site Built _____	Manufactured _____	Other _____
		TOTAL _____

Base Permit Fee+\$50.00
 Reinspection Fee\$50.00
 Failure to call for inspection\$50.00

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

CERTIFIED BUILDING INSPECTOR
WALTER GROTELUESCHEN
 6355 CTH Z, West Bend, WI 53095
 Phone: (262) 675-0909
 Building Inspector License # 868384

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, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting an inspection. Call the building inspector. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ DATE _____