TOWN OF EAGLE PO Box 327 820 E Main St Eagle Wi 53119

## Call for Building Inspection Scott Johnson 262-352-4433

ERMIT #	
AX KEY#	

## **Building Permit Application**

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	Commercial One & Two Family

TRIANT NAME (IF APPLICABLE)  MAILING ADDRESS - INCLUDE CITY & ZIP  E-MAIL  TELEPHONE - INCLUDING AREA CODE  CONTRACTOR'S MANE  D CON DELEC D MVAC DPLBG LIC/CERTP EXP DATES  MAILING ADDRESS - INCLUDE CITY & ZIP  TELEPHONE - INCLUDING AREA CODE  CONTRACTOR'S MANE  D CON DELEC D MVAC DPLBG LIC/CERTP EXP DATES  MAILING ADDRESS - INCLUDE CITY & ZIP  TELEPHONE - INCLUDING AREA CODE  CONTRACTOR'S MANE  D CON DELEC D MVAC DPLBG LIC/CERTP EXP DATES  MAILING ADDRESS - INCLUDE CITY & ZIP  TELEPHONE - INCLUDING AREA CODE  CONTRACTOR'S MANE  D CON DELEC D MVAC DPLBG LIC/CERTP EXP DATES  MAILING ADDRESS - INCLUDE CITY & ZIP  TELEPHONE - INCLUDING AREA CODE  CONTRACTOR'S MANE  D CON DELEC D MVAC DPLBG LIC/CERTP EXP DATES  MAILING ADDRESS - INCLUDE CITY & ZIP  TELEPHONE - INCLUDING AREA CODE  CONTRACTOR'S MANE  D CON DELEC D MVAC DPLBG LIC/CERTP EXP DATES  MAILING ADDRESS - INCLUDE CITY & ZIP  TELEPHONE - INCLUDING AREA CODE  CONTRACTOR'S MANE  D CON DELEC D MVAC DPLBG LIC/CERTP EXP DATES  MAILING ADDRESS - INCLUDE CITY & ZIP  TELEPHONE - INCLUDING AREA CODE  CONTRACTOR'S MANE  D CON DELEC D MVAC DPLBG LIC/CERTP EXP DATES  MAILING ADDRESS - INCLUDE CITY & ZIP  TELEPHONE - INCLUDING AREA CODE  CONTRACTOR'S MANE  D CON DELEC D MVAC DPLBG LIC/CERTP  EXP DATES  MAILING ADDRESS - INCLUDE CITY & ZIP  TELEPHONE - INCLUDING AREA CODE  TELEPHONE - INCLUDIN								PROJECT DESCRIPTION					Commercial One & Two Famili					
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PERMIT FEES - NO REFUNDS ON PERMITS	CITY WATER AND SEWER		D <b>YES</b>	□NO	IF NO -				SANITARY PE	RMIT#			PSE OK'O	D YES		D NO		
RESIDENTIAL   1 AND 2 FAMILY   QTY   FEE	INSPECTOR SIGNATURE																	
REMODEL/ADDITIONS/ALTERATIONS	PERMIT FEES - NO REFUNDS ON PERMITS																	
ACCESSORY BUILDING. \$70.00 minimum, \$0.30 per sq ft \$15.00 or Plus Review-Over 100 Sq F \$15.00 or Plus Review-Over 100 Sq F \$15.00 or Plus Review-Over 100 Sq F \$10.00 Plus Review-Under 100 Sq F \$10.00 Plus Pain Review \$10.37 sq ft all Areas, Foundation \$250.00 Plus Pain Review \$11.75 Per 1000V Plus Review \$10.37 sq ft all Areas, Foundation \$250.00 Plus Pain Review \$10.37 sq ft all Areas, Foundation \$250.00 Plus Pain Review \$10.37 sq ft all Areas, Foundation \$250.00 Plus Pain Review \$10.37 sq ft all Areas, Foundation \$250.00 Plus Pain Review \$10.00 Plus Pain Review Pain Pain Review ACC BLOSS OVER 300 SQ FT PLAN REVIEW REVIEW PLAN REVIEW \$10.00 Plus Plan Pain Pain Pain Pain Pain Pain Pain Pa	RESIDENTIAL	i	AND 2 FAMILY			QTY		EE			MŲL	TI-FAM	ILY .		QTY	FEE		
PLAN REVIEW   \$300.00 + \$27.00 PER UNIT   PLAN REVIEW   \$85.00   \$55.00   \$55.00   \$55.00   \$55.00   \$55.00   \$60.37 per sq ft All Areas, Foundation   \$280.00   \$280.00   \$280.00   \$86.00	ACCESSORY BUILDING. \$70.00 minimum, \$0.30 per sq ft 160.00 Plus Review-Over 100 Sq 160.00 Plus Review-Under 100 Sq 180.00 Plus Review-Under 100 Sq 180.00 Plus Review-Under 100 Sq 180.00 Plus Plan Review \$60.00 Plus Plan Review \$11.75 Per 1000V Plus Review \$0.37 sq ft alt Areas, Foundation \$65.00 CCC PERMIT \$55.00 Unit \$210.00 \$85.00 Plus Review \$0.37 sq ft alt Areas, Foundation \$65.00 Unit \$210.00 \$85.00 Plus Review \$55.00 Unit \$210.00 \$85			OSQF OSQF			RESUBMISSION OF PLANS MINIMUM PERMIT FEE FOOTINGS & FOUNDATION DWELLING EARLY START RAZE PERMIT				\$55.00 \$175.00 \$280.00 \$0.37 sq.ft, all areas, Foundation \$250.00 \$50.00 Plus \$0.05 per sq.ft							
RESUBMISSION OF PLANS \$55.00 \$125.00 \$	COMMERCIAL (SQ FT ALL AREAS)					F	ÉE .		AGRICULTURAL					QTY	FEE			
	RESUBMISSION OF PLANS					RESUBMISSI MINIMUM PE NEW STRUCT	ON OF PLAN RMIT FEE TURE	IS		\$55.00 \$125.00 \$0.28 per sq ft								
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VALUATION \$ CHECK # RECEIVED BY DATE RECEIVED RECEIPT NUMBER TOTAL FEES \$	VALUATION \$	CHECK #	RECEIVED BY			DATE RECEIVED RECEIPT NUMBER			IBER	TOTAL FE			. FEES \$					
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, in the state or municipality and certify that all the above information is accurate. If one acre or more of soil is distributed, I understand that this project is subject to chapter NR 151 regarding contractor financial responsibility.* I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work being done.  I VOUCH THAT I AM OR WILL BE AN OWNER-OCCUPANT OF THIS DWELLING FOR WHICH I AM APPLYING FOR AND EROSION CONTROL OR CONSTRUCTION PERMIT WITHOUT A DWELLING CONTRACTOR CERTIFICATION AND HAVE READ THE CAUTIONARY STATEMENT REGARDING CONTRACTOR RESPONSIBILITY. **																		
APPLICANT NAME (PRINT)  APPLICANT SIGNATURE  DATE SIGNED																		