

RESIDENTIAL APPLICATION FOR A BUILDING PERMIT

VILLAGE OF BIRNAMWOOD
BUILDING PERMIT APPLICATION
359 State Rd. Birnamwood, WI 54414
Telephone: 715-449-3141 office 715-219-4151 cell

Permit #: _____
Permit Fee: \$ _____
(\$25 if work exceeds \$1000)

PROJECT ADDRESS: _____

PROJECT DESCRIPTION: _____

| | | |
|-------------------------------------|------------------------------------|-------------------------------|
| Property Owner's Name | Mailing Address-include City & Zip | Telephone # include Area Code |
| Construction Contractor, DC & DCQ # | Mailing Address-include City & Zip | Telephone # include Area Code |
| Plumbing Contractor & License # | Mailing Address-include City & Zip | Telephone # include Area Code |
| Electrical Contractor & License # | Mailing Address-include City & Zip | Telephone # include Area Code |
| Contractor & License # | Mailing Address-include City & Zip | Telephone # include Area Code |

PROJECT TYPE:

___ New ___ Addition ___ Alteration ___ Repair ___ Raze ___ Move ___ Other Garage: ___ Attached ___ Detached

AREA: Basement ___ Sq. Ft. Living Area ___ Sq. Ft. Garage ___ Sq. Ft. Other ___ Sq. Ft

TYPE: ___ Single Family ___ Two Family ___ Commercial ___ Other

STORIES: ___ 1-Story ___ 2-Story ___ Other

Estimated Cost \$ _____

Location in floodplain, or wetlands? ___ Yes ___ No

Is there asbestos or lead removal related to the work being done? ___ Yes ___ No

Additional information/comments: _____

This is a building permit application only – not a building permit to proceed

SIGNATURE OF APPLICANT _____ **DATE** _____

APPROVAL CONDITIONS: Owner/Builder solely responsible for compliance with all applicable State and Local Building and Zoning codes.

GRADE & SETBACKS – RESPONSIBILITY OF OWNER/CONTRACTOR

PERMIT EXPIRATION: Permit expires one year from the date of issuance.

TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

Permit Issued by Municipal Agent:

Name: _____ Date: _____ Fee Received: _____ Date: _____