

VILLAGE OF GREENDALE

6500 NORTHWAY • GREENDALE, WISCONSIN 53129-0257
(414) 423-2100 • FAX (414) 423-2107 • www.greendale.org

APPLICATION FOR BUILDING PERMIT

(Please Print or Type)

LOCATION _____ PERMIT NO. _____
(HOUSE/BUILDING ADDRESS - STREET)

Date _____ 20 _____ Lot/Tenant Space No. _____

Owner _____ Phone No. _____

Applicant's Name _____ Phone No. _____

Applicant's Address _____ City _____ State _____ Zip _____

TO THE BUILDING INSPECTOR: The undersigned hereby applies for a permit to do work herein described according to the plans and specifications herewith presented and hereby agrees that such work will be done in accordance with said description, plans, specifications and in compliance with the ordinances of the Village of Greendale and the laws of the State of Wisconsin relating to such work. The undersigned agrees that said premises will not be occupied until an occupancy permit has been duly issued. Furthermore, by signing this application, or by authorizing an agent to sign this application, the owner/tenant acknowledges that an inspection or inspections of the work herein described are required and consents to the entry onto the subject property by an employee of the Village of Greendale to perform all necessary inspections. Said inspection(s) shall only be made at reasonable times and by appointment or notice.

BUILDING IS:	PERMIT TYPE:			
<input type="checkbox"/> Residential	<input type="checkbox"/> Building - New	<input type="checkbox"/> Reroofing	<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Special Use
<input type="checkbox"/> Commercial	<input type="checkbox"/> Building - Addn.	<input type="checkbox"/> Siding/Trim	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Reinspection
<input type="checkbox"/> Industrial	<input type="checkbox"/> Alteration	<input type="checkbox"/> Fence	<input type="checkbox"/> Grading/Filling	<input type="checkbox"/> Other _____
Class of Construction _____	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition	
	<input type="checkbox"/> Storage Shed	<input type="checkbox"/> Pool	<input type="checkbox"/> Moving	Estimated Cost \$ _____

Describe work to be performed: _____

Building Size: _____ (FEET WIDE) _____ (FEET LONG) _____ (SQUARE FEET 1ST FLOOR) _____ (SQUARE FEET 2ND FLOOR) _____ (HEIGHT) _____ VOLUME CU. FT.)

(GENERAL CONTRACTOR) _____ (ARCHITECT/DESIGNER)

(ELECTRICAL CONTRACTOR) _____ (PLUMBING CONTRACTOR)

(HEATING/AIR CONDITIONING CONTRACTOR) _____ (BUILDING SEWER/WATER CONTRACTOR)

NOTE: PLANS AND SPECIFICATIONS OF THE ABOVE DESCRIBED WORK MUST ACCOMPANY THIS APPLICATION. DOUBLE FEES SHALL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED.

(SIGNATURE OF OWNER) _____ (SIGNATURE OF AGENT OR CONTRACTOR)

Dept. of Commerce " Dwelling Contractor" cert. # _____ "Dwelling Contractor Qualifier" cert. # _____

DO NOT WRITE BELOW THIS LINE

APPROVED BY THE BUILDING/VILLAGE BOARD:

DATE: _____

APPROVED BY BUILDING INSPECTOR:

DATE: _____

DATE PAID _____

RECEIPT NO. _____

BUILDING PERMIT FEES:

New, Additions, Alterations \$ _____

Occupancy Permit _____

State Permit Seal _____

Erosion Control _____

223.01 - **TOTAL (BUILDING PERMIT)** \$ _____

229.70 - Plan Examination _____

223.08 - Special Use Approval _____

TOTAL FEES \$ _____