

# TOWN OF BLACK WOLF

## BUILDING PERMIT - APPLICATION AND RECORD

No. \_\_\_\_\_ Date \_\_\_\_\_ Parcel No. \_\_\_\_\_  
Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Check No. \_\_\_\_\_ Cash or Check Fee \_\_\_\_\_  
Est. Cost \_\_\_\_\_

Work Consists of: New Building \_\_\_\_\_ Addition or Remodeling \_\_\_\_\_  
Wrecking \_\_\_\_\_ Foundation \_\_\_\_\_ Sprinklers \_\_\_\_\_  
Sign \_\_\_\_\_ Fence \_\_\_\_\_ Moving \_\_\_\_\_  
Other \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Zone \_\_\_\_\_  
Wetlands \_\_\_\_\_ Flood Plain \_\_\_\_\_ Remarks (Special use, Board of Appeals, Site Plan, Change in Occupancy, State or Other Approvals) \_\_\_\_\_

Description of Work \_\_\_\_\_

SETBACKS FRONT REAR LEFT RIGHT

Contractor's Name	<input type="checkbox"/> Const <input type="checkbox"/> Elect <input type="checkbox"/> HVAC <input type="checkbox"/> Plumb	Lic/Cert#	Mailing Address	Telephone No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dwelling Contractor Qualifier Certification # \_\_\_\_\_

Building Use \_\_\_\_\_

Type of Construction \_\_\_\_\_ Bldg/Living Area \_\_\_\_\_ Sq. Ft. Bsmnt. Area \_\_\_\_\_ Sq. Ft.

Additional Area \_\_\_\_\_ Garage/Access Bldg Area \_\_\_\_\_ Sq. Ft. Bldg. Volume \_\_\_\_\_ Cu. Ft.

### INSPECTIONS REQUIRED

233-1999

Call for inspections as indicated below.

- Footings (Before Pouring)
- Foundation (Before Backfill)
- Frame  Electric  Plumbing  Heating & A/C
- Insulation
- Occupancy
- Final



Permission is hereby granted for the above described work on condition that same be done in accordance with the application plan and specification on file, and in compliance with the building ordinance and all other ordinances of the Town of Black Wolf and the State Building Code of Wisconsin, that all work (footing, foundation, backfill, structural and final inspections) be reported when ready for inspection as required by the Building Inspector.

\_\_\_\_\_ Building Inspector

Owner or Agent for \_\_\_\_\_

Phone \_\_\_\_\_