

FOR INSPECTIONS CALL: _____		GENERAL BUILDING PERMIT APPLICATION VILLAGE OF TAYLOR 715-662-3404				PERMIT # _____							
						EXPIRATION DATE: _____							
Parcel Number: _____		Property is Located in <input type="radio"/> Town of <input type="radio"/> Village of <input type="radio"/> City of				Municipality Number _____							
PROJECT DESCRIPTION (Submit Building Plans & Site Plan)						Does this project require any additional approvals or permits? <input type="radio"/> yes <input type="radio"/> no							
Building Project Address: _____						Finished Project Value \$ _____							
Zoning District(s):		Zoning Permit No.:		Corner Lot <input type="radio"/> yes <input type="radio"/> no		Bldg. Height Ft. _____		Setbacks:	Front	Rear	Left	Right	
Owner's Name(s)				Mailing Address				Telephone		Email			
Contractor Name & Type				Licen. / Cert #		Exp. Date		Mailing Address				Telephone & Email	
Construction Contractor												Tel.	
Dwelling Contractor Qualifier								The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.				Email	
HVAC Contractor												Tel.	
Electrical Contractor												Email	
Master Electrician												Tel.	
Plumbing Contractor												Email	
RESIDENTIAL Single Family/Duplex	Addition: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control												
	Detached Accessory Building: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.												
	Remodel: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.												
	Other: <input type="checkbox"/> Fence <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control <input type="checkbox"/> Electrical Service Upgrade (Amp _____) <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/> _____												
COMMERCIAL	New Commercial Building: _____ Bldg. Sq. Ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control												
	Commercial Addition/Alteration: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control _____ Building Sq. Ft. <input type="checkbox"/> Electrical Service (Amp _____) <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze)												
	State of Wisconsin Plan Approval Needed: <input type="radio"/> yes <input type="radio"/> no (Approved plans must be submitted with permit application)												
Zoning - When applicable, owner shall research setback information regarding height, lot coverage, etc. prior to submittal of this application.													
<small>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, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply of this application. 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 which is being done. It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.</small>													
APPLICANT'S SIGNATURE _____										DATE SIGNED _____			
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.													
BELOW SECTION FOR OFFICE USE ONLY													
FEES:				PERMIT(S) ISSUED				PERMIT ISSUED BY:					
Construction		\$ _____		<input type="checkbox"/> Construction				Name _____					
Plumbing		\$ _____		<input type="checkbox"/> HVAC				Date _____ Telephone _____					
Electrical		\$ _____		<input type="checkbox"/> Electrical				Cert No. _____ Census Code _____					
HVAC		\$ _____		<input type="checkbox"/> Plumbing									
Zoning		\$ _____		<input type="checkbox"/> Erosion Control									
Other _____		\$ _____		<input type="checkbox"/> Other _____									
Administrative		\$ _____											
Total Permit Fee		\$ _____											