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| FOR INSPECTIONS CALL: | GENERAL BUILDING PERMIT APPLICATION VILLAGE OF TAYLOR 715-662-3404 | PERMIT # |
| Parcel Number: | Property is Located in <input type="radio"/> Town of <input checked="" type="radio"/> Village of <input type="radio"/> City of | EXPIRATION DATE: |
| PROJECT DESCRIPTION (Submit Building Plans & Site Plan) | | Municipality Number |

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| Building Project Address: | Does this project require any additional approvals or permits? <input checked="" type="radio"/> yes <input type="radio"/> no |
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| Zoning District(s): | Zoning Permit No.: | Corner Lot <input checked="" type="radio"/> Yes <input type="radio"/> No | Bldg. Height Ft. | Setbacks: | Front | Rear | Left | Right |
|---------------------|--------------------|--|------------------|-----------|-------|------|------|-------|

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| Owner's Name(s) | Mailing Address | Telephone | Email |
|-----------------|-----------------|-----------|-------|

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|------------------------|-----------------|-----------|-----------------|-------------------|
| Contractor Name & Type | Licen. / Cert # | Exp. Date | Mailing Address | Telephone & Email |
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|-------------------------|--|--|--|------|-------|
| Construction Contractor | | | | Tel. | Email |
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| Dwelling Contractor Qualifier | | | The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr. | Tel. | Email |
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| HVAC Contractor | | | | Tel. | Email |
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| Electrical Contractor | | | | Tel. | Email |
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| Master Electrician | | | | Tel. | Email |
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| Plumbing Contractor | | | | Tel. | Email |
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| 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"/> _____ |

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| 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.
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 page 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.**

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. See attached for conditions of approval.

BELOW SECTION FOR OFFICE USE ONLY

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| 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 \$ _____ | | |