

City of Appleton
Inspection Division 100 N. Appleton St. Appleton WI 54911
Phone (920) 832-6411 Fax (920) 832-6464

Permit No. _____
 Key No. _____
 Receipt # _____
 Permit Fee: _____

BUILDING PERMIT

Date: _____

Owner/Contractor _____	Project Address _____
Project Type _____	Estimated Completion Date: _____
Lot # _____ Subdivision _____	Zoning _____
Comments _____	

Why Issued	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel-Interior <input type="checkbox"/> Remodel-Exterior <input type="checkbox"/> Deck <input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____ Est. Cost \$ _____	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Garage-Attached <input type="checkbox"/> Garage-Separate Other _____

Building Size Information	Set Backs Accessory Bldg	Lot information
O.A. Dimension _____ Fin Bsmt _____ Unfin Bsmt Area _____ 1st Floor _____ Garage Area _____ 2nd Floor _____ Deck/Porch Area _____ 3rd Floor _____ No. Stories _____ Volume _____ Height _____ Total Area _____	Front _____ Main Bldg _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Corner <input type="checkbox"/> Irregular <input type="checkbox"/> Interior Type _____ Size _____ Area _____ <input type="checkbox"/> Easement on property

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports—Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Contractor E-mail _____ Contact Name: _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of the Building Code and Zoning Ordinance of the City of Appleton and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor or designee thereof, as a condition of receiving this permit. Permit fees are nonrefundable.

Applicant (signature) _____ Applicant (print) _____

State DC # _____ State DCQ# _____ Approved by _____

Permits granted by: Board of Appeals Board of Building Inspections State Bldg Permit # _____ SUSAN # _____

THIS PERMIT DOES NOT COVER PLUMBING, ELECTRICAL OR HEATING INSTALLATIONS

APPLICANT SHALL CALL THE INSPECTION DIVISION FOR REQUIRED INSPECTION: 920-832-6411

Reasonable Accommodations for persons with disabilities will be made upon request and if feasible.

White-Office

Goldenrod-Applicant