BUILDING PERMIT APPLICATION

For Inspections call 920-392-5150 or Email

MSA_Buildinginspection@msa-ps.com

	PERMIT NO:
	PROPERTY TYPE:
	OCCUPANCY TYPE:
	SQUARE FOOTAGE:
	ESTIMATED COST:
	TAX KEY NO:

The undersigned hereby applies for a permit to do the work herein described and hereby agrees that all work will be done in accordance with all the laws of the State of Wisconsin and all the ordinances.

JOB ADDRESS:	
OWNER NAME:	OWNER PHONE:
CONTRACTOR NAME:	LICENSE #:
ADDRESS:	
PHONE:	EMAIL:

Work Consists of:	Comments/Additional Contractors/Work Description:
☐ Accessory Building	
☐ Roof	
☐ Siding/Windows	
☐ Fence	
☐ Alteration/Repair	
☐ Deck	
☐ Pool	
☐ Electrical	
☐ Plumbing	
☐ HVAC	
☐ Other	

Applicant's Signature: Date:

For Office Use

Check #:	**Fees:**	Inspector's Signature:
From:	Building:_____	
Date Recv'd:	Electric: _____	
Misc:	Plumbing:_____	Certification Number:
	HVAC: _____	
	Zoning: _____	Date:
	Total: _____	