

FOR INSPECTIONS CALL: (608) 617-1216	City of Boscobel – Building / Zoning Permit Application	PERMIT #
	OFFICE: (608) 375-5001 ext. 104 FAX: (608) 375-4750	EXPIRATION DATE:
Parcel Number:206-	Property is Located in The City of Boscobel	Municipality Number 22 - 206

PROJECT DESCRIPTION (Submit Building Plans & Site Plan)	Does this project require any additional approvals or permits? yes no
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Building Project Address:	Finished Project Value \$
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Zoning District(s):	Zoning Permit No.:	Corner Lot yes no	Bldg. Height Ft.	Setbacks:	Front	Rear	Left	Right
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Flood Plain Zoning _____ using	FEMA Map Number <u>55043C0014E</u> effective 9/2/2011.	If applicable, elevation of 1 st floor _____
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Owner's Name(s)	Mailing Address	Telephone
		Email

Contractor Name & Type	Licen. / Cert #	Exp. Date	Mailing Address	Telephone & Email
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Construction Contractor				Tel.
				Email

Dwelling Contractor Qualifier			The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.	Tel.
				Email

HVAC Contractor				Tel.
				Email

Electrical Contractor				Tel.
				Email

Master Electrician				Tel.
				Email

Plumbing Contractor				Tel.
				Email

RESIDENTIAL <small>Single Family/Duplex</small>	Addition:	Electrical	Plumbing	HVAC	Construction	sq. ft.	Erosion Control	
	Detached Accessory Building:	Electrical	Plumbing	HVAC	Construction	sq. ft.		
	Remodel:	Electrical	Plumbing	HVAC	Construction	sq. ft.		
	Other:	Fence	Electrical	Plumbing	HVAC	Construction	sq. ft.	Erosion Control
		Electrical Service Upgrade (Amp _____)		Raze / Removal of Structure		Other: _____		

COMMERCIAL	New Commercial Building:	Bldg. Sq. Ft.	Electrical	Plumbing	HVAC	Construction	Erosion Control
	Commercial Addition/Alteration:	Electrical	Plumbing	HVAC	Construction	Erosion Control	
	Building Sq. Ft.	Electrical Service (Amp _____)	Fence	Sign	Removal of Structure (Raze)		
	State of Wisconsin Plan Approval Needed:	yes	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 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.**

APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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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

FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Construction \$	Construction	Name
Plumbing \$	HVAC	Date Telephone
Electrical \$	Electrical	Cert No. Census Code
HVAC \$	Plumbing	
Zoning \$	Erosion Control	
Other \$	Other _____	
Administrative \$		
Total Permit Fee \$		www.generalengineering.net 1/ER. 1/3/2018