

VILLAGE OF MUKWONAGO

Building Permit Application

440 River Crest Court, P.O. Box 206
 Mukwonago, WI 53149
 (262) 363-6419, (262) 363-6425 Fax
 www.villageofmukwonago.com

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| PERMIT # |
| TAX KEY # |

PROJECT LOCATION: (if no address, use Lot, Block & Subdivision)

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|--|-----------------------------------|
| NATURE OF WORK: (type of shed, residence, remodeling, etc.) | TOTAL COST OF CONSTRUCTION |
|--|-----------------------------------|

SUBMIT THE FOLLOWING FOR A BUILDING PERMIT REVIEW

1. Plot of survey showing the present improvement and the proposed improvements.
2. A building plan, with dimensions, drawn to a scale that is read-able.
3. Elevation drawings of pictures of the existing structure, and drawing showing the improvements.
4. Colors and materials are to be listed on the plan.
5. A cross section drawing showing all the components and fasteners used in the project.

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|---|---|---|
| OWNER'S NAME | MAILING ADDRESS (Include City and Zip) | Phone () _____ - _____ Cell () _____ - _____ |
| ARCHITECT'S NAME | MAILING ADDRESS (Include City and Zip) | Phone () _____ - _____ Cell () _____ - _____ |
| CONTRACTOR'S NAME <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg | Lic/Cert # | MAILING ADDRESS (Include City and Zip) |
| | | Phone () _____ - _____ Cell () _____ - _____ |
| CONTRACTOR'S NAME <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg | Lic/Cert # | MAILING ADDRESS (Include City and Zip) |
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| | | Phone () _____ - _____ Cell () _____ - _____ |

If there are any questions, comments, or changes on this project, specify the responsible party to contact:

Name _____ Phone () _____ - _____

The Village of Mukwonago does not review for compliance of your subdivision restrictions. This is your responsibility.

I/We _____ hereby agree to construct the above described project in accordance with the plans and specifications submitted herewith, and in strict compliance with all the provisions of the Zoning Code and ordinances of the Village of Mukwonago. I agree to comply with all applicable code and statutes and ordinances and with the conditions of the permit: understanding the issuance of the permit creates no legal liability, expressed or implied, on the municipality; and certify that all the above and supplied information is accurate. If I am the owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility. I expressly grant the Building Inspection Department permission to enter the premises for which this permit is sought at all reasonable hours and inspect the work being done. Any additional code violation found during the inspection will also have to be addressed for correction.

THE APPLICANT IS REQUIRED TO ARRANGE FOR INSPECTION APPOINTMENTS. Call (262) 363-6419 for inspections or information, Monday-Friday, 8:00 a.m. to 9:30 a.m.

SIGNATURE OF APPLICANT _____ **DATE** _____

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|---|--|---|
| <p align="center">SERVICE FEES</p> <p>If the application is not filled out properly/correctly and returned, there will be a \$25.00 fee applied.</p> <p>If occupancy is taken before final inspection is passed, there will be a \$200.00 fee applied.</p> <p>Each re-inspection is \$50.00 minimum.</p> | <i>To be filled out by Inspection Department</i> | |
| | \$ _____ 65 Zoning Review \$ _____ 30 Plan Review \$ _____ 66 State Permit \$ _____ 10 Building Permit \$ _____ 67 Erosion Control \$ _____ 68 Occupancy Permit \$ _____ 21 Property Record \$ 5.00 76 Administration Fee | \$ _____ 19 Parkland Site \$ _____ 61 Sewer Impact \$ _____ 40 Water Impact \$ _____ 59 Library Impact \$ _____ 58 Police Impact \$ _____ 60 Fire Impact \$ _____ 63 RCA Sewer \$ _____ 69 Recycling Fee |

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|-------------------------------------|---|--|
| For Office Use Only | | TOTAL FEES |
| Conditions of Approval _____ | PERMIT ISSUED BY | \$ _____ Payable to <i>Village of Mukwonago</i> No Refunds or Credits on Permits Permits expire one year from date issued |
| Name _____ | RECEIPT | |
| Date _____ | Date: _____ | |
| Cert. # _____ | Check #: _____ Receipt #: _____ Rec'd by: _____ | |

Rev June 2010 **IF YOU WOULD LIKE YOUR PERMIT RETURNED, PLEASE SEND A SELF-ADDRESSED STAMPED ENVELOPE.**

Inspector's Remarks

None at this time
 See back of permit application
 See attachments