

APPLICATION FOR PERMIT
 CITY OF SHEBOYGAN FALLS
 P.O. BOX 186, 375 BUFFALO STREET
 SHEBOYGAN FALLS, WI 53085-0186
 PHONE: 920-467-7900, Ext. 5 FAX: 920 467-2847

DATE: _____

OWNERS NAME:(Please print) _____

ADDRESS WHERE WORK IS TO BE DONE: _____

Telephone #'s: Daytime: _____ Evening: _____

FOR USE AS: **RESIDENTIAL** **COMMERCIAL**

TYPES OF PERMITS BEING APPLIED FOR:

BUILDING ELECTRICAL PLUMBING HVAC
 FENCE WRECKING MOVING OTHER _____

DESCRIBE WORK TO BE DONE : _____

Was building constructed prior to 1978? Yes ___ No ___ If Yes, fill in appropriate DHS area.		
DHS Lead Renovator Certificate # _____	Expiration Date ___/___/___	
DHS Lead Company Certificate # _____	Expiration Date ___/___/___	

CONTRACTOR'S NAMES: Fill in all that apply.

Contractors must supply to us copies of their Certificate of Insurance and State qualifier cards.

BUILDING CONTRACTOR:	Phone #	Est. Cost: \$
PLUMBER:	Phone #	Est. Cost: \$
ELECTRICIAN:	Phone #	Est. Cost: \$
HVAC (Air, Heat):	Phone #	Est. Cost: \$

WORK BY OWNER? Owner's Estimated Materials Cost \$ _____

ANTICIPATED STARTING DATE: _____

PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.

<p>THE INSPECTORS ARE TO BE NOTIFIED FOR INSPECTIONS. City Building Inspector: Ken Sonntag 920-467-7900. Ext. 5 Electrical & Commercial Inspector: Pete Scheuerman 920-526-2200</p>
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The undersigned hereby applies for a permit to do the work herein described; agrees to comply with the Municipal Ordinances and conditions of this permit; understands that issuance of this permit creates no legal liability either expressed or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all of the above information is accurate.

Signature of Applicant: _____ Date: _____