



VILLAGE OF CALEDONIA

5043 CHESTER LANE • RACINE, WI 53402  
PHONE (262) 835-6420

ACCESSORY BUILDING PERMIT APPLICATION

Permit No.
Parcel No.
Receipt No:

Owner's Name	Owner's Email
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Owner's Mailing Address, City, State & Zip (if different from Project Address)	Phone ( )
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Contractor or Applicant Name	Contractor or Applicant Email	Phone ( )
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Contractor Dwelling Certificate # _____ Exp. Date: _____	Contractor Qualifier # _____ Exp. Date: _____
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Contractor or Applicant Address

**Project Address:**

SETBACKS: Distance from lot lines to structure	Front Ft.	Rear Ft.	Left Ft.	Right Ft.	Distance from main building Ft.	ESTIMATED BUILDING COST (Required) \$
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Structure Size	250 sq. ft. or greater	Walls	Construction Type
Width _____ ft. _____ in. Depth _____ ft. _____ in. Total Square Footage _____ Height: Exterior Wall _____ ft. _____ in. To Ridge _____ ft. _____ in. Overhang _____ ft. _____ in.	<input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, accessory building must be placed on a concrete slab.	Studs (____ x ____ ) ( ____ ") O.C. Sheathing _____ Siding _____ Masonry _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____ _____ _____

Foundation	Roof	Door Header	Roof Pitch
<input type="checkbox"/> Reinforced Slab <input type="checkbox"/> Masonry Foundation <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Pole Building	<input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Truss <input type="checkbox"/> Rafters: (____ x ____ ) (____ ") O.C. Roofing Material: _____	Opening Size _____ ft. Header Material & Size: _____ _____	

**Necessary information and documentation to be submitted with application:**

\_\_\_\_\_ Building Plans & Specification    \_\_\_\_\_ Plat of Survey    \_\_\_\_\_ Erosion Control

\* I, the undersigned, 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 municipality; and certify that all that information provided is accurate. All work performed associated with this permit shall be my responsibility when it comes to ensuring compliance. Any plans, specifications, or other written information supplied to the department at time of application is conditionally approved upon the issuance of this permit. It is further understood that the department must verify compliance at various stages of construction by performing inspections. Said inspections must be scheduled a minimum of two business days (48 hours) in advance. Construction shall not proceed until approved by the department.

**CONTACT PERSON (Print)** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:**  
**Footing, rough framing and final inspections required. 24-HOUR NOTICE FOR ALL INSPECTIONS.**  
**Any electrical, plumbing and/or HVAC work requires separate permits**

Permit #: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Construction Location: \_\_\_\_\_

DESCRIPTION	FEES	PLAN REVIEWER'S INITIALS	DATE OF APPROVAL
Land Disturbance			
Zoning Fees			
Engineering Fees			
Road Access (Culvert)			
Grading & Drainage Bond			
Grading & Drainage Bond Inspection Fee			
Water Impact Fee (Utility)			
Sewer Connection Fee (Utility)			
Park Development			
* Building			
* Heating – HVAC (or) AC			
* Erosion Control			
Neighborhood Planning			
Surcharge * <i>subject to add'l. 13%</i>			
TOTAL			

[\\* Applicant must arrange inspections with the Inspection Department at least 48 hours prior to desired appointment time.](#)

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