



VILLAGE OF CALEDONIA
 5043 CHESTER LANE • RACINE, WI 53402
 PHONE (262) 835-6420
APPLICATION FOR BUILDING PERMIT

Permit No.
Parcel No.
Receipt No.

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

PROJECT ADDRESS:

Lot #:	Subdivision Name:				CSM#
SETBACKS: Distance from lot lines to object	Front Ft.	Rear Ft.	Left Ft.	Right Ft.	Zoning District:
SQ. FT. OF ADDITION (IF APPLICABLE)					ESTIMATED PROJECT COST \$
Public Sewer	Yes <input type="checkbox"/> No <input type="checkbox"/>		County Sanitary Permit No.		
Type of Project	New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/> _____				

EXPLANATION OF PROJECT

*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.

PRINT CONTACT PERSON _____ Phone () _____

SIGNATURE OF APPLICANT _____ Date _____

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.

James Keeker - Senior Inspector | Residential Building | Electrical | Plumbing | Ph: 262-835-6406 - Email: jkeeker@caledonia-wi.gov

Scott Seymour - Building Inspector | Commercial | Residential | Ph: 262-835-6420 - Email: sseymour@caledonia-wi.gov

Tim Kratowicz - Electrical Inspector | Commercial | Residential | Ph: 262-835-6407 - Email: krato_74@yahoo.com

Paul Weidner - Plumbing Inspector | Commercial | Residential | Ph: 262-770-0039 - Email: pmthelumber@yahoo.com

Richard Sehrbrock - Engineering Technician | Ph: 262-835-6428 - Email: rsehrbrock@caledonia-wi.gov

Helena Dowd - Planning and Zoning Technician | Ph: 262-835-6419 - Email: hdowd@caledonia-wi.gov