



VILLAGE OF CALEDONIA  
5043 CHESTER LANE • CALEDONIA, 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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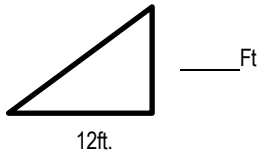
Contractor Dwelling Certificate # _____ Exp. Date: _____	Contractor Qualifier # _____ Exp. Date: _____
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Contractor or Applicant Address

**Project Address:**

SETBACKS: Distance from lot lines to structure	Front Ft.	Rear Ft.	Left Ft.	Right Ft.	Distance from main building 10 ft min.	ESTIMATED BUILDING COST (Required) \$
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Structure Size	36 sq. ft. or greater	400 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.	A Plat of Survey or a scaled Site Drawing locating the proposed Accessory Building with setbacks from the lot lines and other buildings/structures.	A Plat of Survey is required for the location of the proposed structure. Surveys must include setbacks, elevations, and drainage plan.	Studs (____x____) ( " ) O.C. Sheathing _____ Siding _____ Masonry _____	Frame Masonry Other: _____ _____

Foundation	Roof	Door Header	Roof Pitch
Reinforced Slab Masonry Foundation Poured Concrete Pole Building <b>*250 SQ FT or larger is required to be placed on a concrete slab.</b>	Gable Hip Truss Rafters: (____x____) (____") O.C. Roofing Material: _____	Opening Size _____ ft. Header Material & Size: _____ _____	

\* 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**

**OFFICE USE ONLY**

**Information checked to be submitted with application:**

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

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			
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](mailto:jkeeker@caledonia-wi.gov)

Erika Waege - Building Inspector | Residential | Ph: 262-835-6420 - Email: [ewaege@caledonia-wi.gov](mailto:ewaege@caledonia-wi.gov)

Tim Kratowicz - Electrical Inspector | Commercial | Residential | Ph: 262-835-6407 - Email: [krato\\_74@yahoo.com](mailto:krato_74@yahoo.com)

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