

## VILLAGE OF CALEDONIA

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

Permit No.	
Parcel No.	
Receipt No:	

W CALEDONIA ACCESSORI BUILDING PERMIT						<u> </u>	Danaint Na.
APPLICATION						_	Receipt No:
Owner's Name			Owner	r's Email		•	
Owner's Mailing Address, City, State & Zip (if different from Project Address)  Phone ( )							
Contractor or Applicant Name		Contractor	or Applicant Email		F (	Phone )	
Contractor Dwelling Certificate #			Exp. Date:		Contractor Qualifier #Exp. Date:		Exp. Date:
Contractor or Applicant	Address						
Project Address	s:						
SETBACKS: Distance from lot	Front	Rear	Left	Right	Distance from main building		MATED BUILDING COST (Required)
lines to structure Structure S	Ft.   Size	Ft. <b>36 sq.</b>		Ft. Ft. 400 sq. ft. or	10 ft min.  Walls	\$	Construction Type
		grea	ater	greater			, , , , , , , , , , , , , , , , , , ,
-	_in.	with setbath the lot line oth buildings/s	ed Site locating posed / Building acks from nes and ler	Surveys must include setbacks, elevations, and	Studs (x) ( ") O.C. Sheathing Siding Masonry		Frame Masonry Other:
Foundation			Roof		Door Header		Roof Pitch
Reinforced Slab Masonry Founda Poured Concrete Pole Building *250 SQ FT or large	ation e er is required	,	X	p Truss	Opening Size Header Material & Size:	_	Ft
* 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 able 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)							
SIGNATURE OF APPLICANTDate:							
NOTE: Footing, rough framing and final inspections required. 24-HOUR NOTICE FOR ALL INSPECTIONS. Any electrical, plumbing and/or HVAC work requires separate permits							
Infama - 41 - 1	alaad 4. I		J !41		JSE 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

 $\label{lem:condition} \mbox{Erika Waege - Building Inspector} \mid \mbox{Residential} \mid \mbox{Ph: 262-835-6420 - Email: ewaege@caledonia-wi.gov}$ 

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: pmtheplumber@yahoo.com

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

Vacant - Zoning Administrator | Ph: 262-835-6419 - Email.: