<b>#</b>		Permit No.								
VILLAG	20	Parcel No.								
CALEDONIA ACCESSORY BUILDING PERMIT APPLICATION							Receipt No:			
Owner's Name     Owner's Email										
Ownor's Mailing Addre	a City State	7 7in (if difford	nt from Dro	vicat Address)			Phone			
Owner's Mailing Address, City, State & Zip (if different from Project Address)										
Contractor or Applicant Name			Contracto	r or Applicant Email	Phone ( )					
Contractor Dwelling Certificate #			Exp. Da	te:	Contractor Qualifier #Exp. Date:					
Contractor or Applicant Address										
Project Address:										
SETBACKS: Distance from lot	Front	Rear	Left	Right	Distance from main building	EST	IMATED BUILDING COST (Required)			
lines to structure Structure	Ft.	Ft.		Ft. Ft. Ft. 400 sq. ft. or	10 ft min. Walls	\$	Construction Type			
Structure	Size	gre	ater	greater	wans		Construction Type			
Widthft	in.		Survey or ed Site	A Plat of Survey is required for			Frame			
Depthftin.		Drawing	locating	the location of the proposed	Studs ( <u>x</u> ) ( ")	0.C.	Masonry			
Total Square Footage			the proposed t Accessory Building		Sheathing					
Height:		with setba	acks from	Surveys must	Siding		Other:			
Exterior Wallftin.				include setbacks, elevations, and	Masonry					
To Ridgeftin.										
Overhangftin. Foundation			Roo		Door Header		Roof Pitch			
Foundation		0.11			Door neader					
Reinforced Slab		Gable	e H	ip Truss	Opening Size	ft.	Ft			
Masonry Foundation		Rafters: (_	X_	)	Header Material & Size:					
Poured Concrete		Rafters: (x) (") O.C.					12ft.			
Pole Building *250 SQ FT or larger is required		Roofing M	laterial:							
to be placed on a concrete slab.										
* 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 PER	<b>RSON</b> (Print	)	Phon	e:						
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										
		, 010001100	., prann		ISE ONLY					
Information che	cked to be	submitte	d with a	pplication:						

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

Erika Waege - Building Inspector | Residential | 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

Ali Alqayyim - Engineering Technician | Ph: 262-835-6428 - Email: aalqayyim @caledonia-wi.gov

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