



VILLAGE OF
CALEDONIA

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5043 CHESTER LANE • CALEDONIA, 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 ☐ No ☐

County Sanitary Permit No.

Type of
Project

New ☐ Addition ☐ Alteration ☐ Conversion ☐ Temporary ☐ Other ☐ _____

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 _____

See page two for fees and Inspection Department contact information

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 Waage-Building Inspector |Residential | Ph:262-835-6420 - Email:eweage@caledonia-wi.gov

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

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

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

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