

SIGNATURE OF APPLICANT _

ACCESSORY BUILDING PERMIT APPLICATION

	Parcel
2	

Permit No.

043 CHESTER LANE	• CA	LEDONIA,	WI 53402 •
PHONE (262)	835-6435	

Site Grading No.
Parcel No.
Receipt No:

	PHON	E (262) 835	-6435	R	leceipt No:
Owner's Name	Owner's Email				
Owner's Mailing Address, City, State & Zip (if different from Project Address) Phone ()					
Contractor or Applicant Name	Contracto	Contractor or Applicant Email			Phone)
Contractor Dwelling Certificate #	Exp. Date:		Contractor Qualifier #Exp. Date:		Exp. Date:
Contractor or Applicant Address					
Project Address:					
SETBACKS: Front Found For Fixed Fixed Front Fixed Fixed Front Fixed Fixed Front Fixed Front Fixed Front Fixed Front Fixed Fixed Fixed Fixed Front Fixed Fixe	Rear Left Ft.	Right Ft. Ft.	Distance from main building 10 ft min.	ESTI \$	MATED BUILDING COST (Required)
Structure Size	36 sq. ft. or greater	400 sq. ft. or greater	Walls	Ψ	Construction Type
Widthftin. Depthftin. Total Square Footage Height: Exterior Wallftin. To Ridgeftin. Overhangftin.	A Plat of Survey or a scaled Site Drawing locating the proposed Accessory Building with setbacks from the lot lines and other buildings/structures.	is required for the location of the proposed structure. Surveys must include setbacks, elevations, and drainage plan.	SheathingSidingMasonry		Frame Masonry Other:
Foundation	Roc	of	Door Header		Roof Pitch
Reinforced Slab Masonry Foundation Poured Concrete Pole Building *250 SQ FT or larger is required to be placed on a concrete slab.	Rafters: (x' Roofing Material:	p Truss	Opening Size Header Material & Size:	ft. -	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 carried out 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 for a minimum of two business days (48 hours) in advance. Construction shall not proceed until approved by the department.					
CONTACT PERSON (Print) _			Phon	e:	

NOTE:

Footing, rough framing and final inspections required. 24-HOUR NOTICE FOR ALL INSPECTIONS.

Any electrical, plumbing and/or HVAC work requires separate permits

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			

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

Natalia Nery de Farias - Zoning Administrator | Ph: 262-835-6419- Email.: nfarias@caledonia-wi.gov

^{*} Applicant must arrange inspections with the Inspection Department at least 48 hours prior to desired appointment time.