



ACCESSORY BUILDING PERMIT APPLICATION

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

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 Name	Contractor Email	Phone ()
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Contractor Dwelling Certificate # _____ Exp. Date: _____	Contractor Qualifier # _____ Exp. Date: _____
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Contractor Address

Project Address:

SETBACKS: Distance from lot lines to structure	Front Ft.	Rear Ft.	Left Ft.	Right Ft.	Distance from main building Ft.	ESTIMATED BUILDING COST (Required) \$		
Structure Size	250 sq. ft. or greater				Walls		Construction Type	
Width _____ ft. _____ in.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, additional construction documents required, including elevation views.				Studs (_____ x _____) (") O.C.		<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____	
Depth _____ ft. _____ in.	1,050 sq. ft. or greater				Sheathing _____		_____	
Total Square Footage _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, an oversized structure variance is required.				Siding _____		_____	
Height: Exterior Wall _____ ft. _____ in.					Masonry _____		_____	
To Ridge _____ ft. _____ in.					_____		_____	
Overhang _____ ft. _____ in.					_____		_____	
Foundation		Roof			Door Header		Roof Pitch	
<input type="checkbox"/> Reinforced Slab <input type="checkbox"/> Masonry Foundation <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Pole Building		<input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Truss <input type="checkbox"/> Rafters: (_____ x _____) (_____ ") O.C. Roofing Material: _____			Opening Size _____ ft. Header Material & Size: _____ _____		<div style="text-align: center;"> 12ft. ____ Ft. </div>	

The applicant agrees to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understands that issuance of the permit creates no legal liability, express or implied, on the Department or Municipality; and certifies that all of the above information is accurate. **NO WORK MAY START PRIOR TO THE ISSUANCE OF THE PERMIT.**

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: _____

Zoning Approval	Zoning Administrator	Date:
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DESCRIPTION	AMOUNT	RECEIPT NO.	TREASURER'S SIGNATURE	DATE
Drainage Impact				
Zoning Fees				
Engineering Fees				
Road Access (Culvert)				
Grading & Drainage Bond				
Grading & Drainage Bond Inspection Fee				
Cal. #1 Water Impact				
Sewer Connection				
Park Development				
* Building				
* Heating – HVAC (or) AC				
* Erosion Control				
Neighborhood Planning				
Surcharge * subject to add'l. 13%				
TOTAL				

Site Grading & Drainage Bond posted by: _____

Estimate Cost of Job: \$ _____