

CALEDONIA BUILDING PERMIT APPLICATION
 5043 Chester Lane, Racine, WI 53402 262-835-6420



Roofing / Siding / HVAC / Foundation Repair

Date Rec'd: _____ Date Issued: _____ Permit #: _____

Parcel #: _____

Construction Location: _____

BUILDER (OR) APPLICANT:

Name: _____ Cell #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Dwelling Contractor License # _____ Expiration Date: _____

HOME OWNER:

Name: _____ Cell #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Building Size: Length _____ Width _____ Sq. Ft. _____

Description _____

Reviewed by: _____

DESCRIPTION	AMOUNT	RECEIPT NO.	TREASURER'S SIGNATURE	DATE
Engineering Fees				
* Building				
* Heating – HVAC (or) AC				
* Erosion Control				
Neighborhood Planning				
Surcharge * <i>subject to add'l. 13%</i>				
TOTAL				

Estimate Cost of Job: \$ _____

I hereby acknowledge that I have read this application and state that the above information is correct and agree to comply with Ordinances of the Village of Caledonia and State of Wisconsin laws regulating the construction of buildings and to observe and maintain the legal requirements as provided by the Caledonia Village Ordinance.

Applicants Signature _____