



VILLAGE OF CALEDONIA
 5043 Chester Lane Caledonia, WI 53402
 Phone (262)-835-6420

COMMERCIAL PERMIT APPLICATION FOR
 Roofing / Siding / HVAC / Foundation (Repair or Alteration)

Permit No.
Parcel No.
Receipt No.

Project Address: _____

Project Description: _____

CONTRACTOR (OR) APPLICANT:

Name: _____ Cell #: _____ Email: _____

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

Dwelling Contractor License # _____ Expiration Date: _____

OWNER:

Name: _____ Cell #: _____ Email: _____

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

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

Estimate Cost of Job: \$ _____

Reviewed by: _____

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.

PRINT CONTACT PERSON _____ Phone: (____) _____

SIGNATURE OF APPLICANT _____ Date: _____

Office Use Only

PERMIT TYPE:	FEES:	PAYMENT TYPE:
Roofing or Siding	Amount Due \$ _____	Cash <input type="checkbox"/> Date: _____
HVAC	Amount Due \$ _____	Check <input type="checkbox"/> Date: _____
Foundation (Repair / Alteration)	Amount Due \$ _____	Credit / Debit <input type="checkbox"/> Date: _____

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