



Community Development Department

444 West Grand Avenue
Wisconsin Rapids, WI 54495-2780
Ph: (715) 421-8228 • Fax: (715) 421-8291

Residential Project Permit Application

For Office Use Only

Date:	Total Project Cost/Square Footage:	Total Permit Fee:	Parent Permit #:
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PROPERTY INFORMATION

Site Address:		Parcel #:
Owner Name:	Owner Address, City, State, and Zip:	
Owner Phone Number:	Owner Fax Number:	Owner Email Address:

BUILDING:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	Fax Number:	Email Address:	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

ELECTRICAL:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	Fax Number:	Email Address:	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

PLUMBING:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	Fax Number:	Email Address:	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

HVAC:

PERMIT

Contractor:	Address, City, State, and Zip:		
Phone Number:	Fax Number:	Email Address:	
Description of Work:			
Cost (Labor & Materials):	Square Footage (If New Construction):	Permit Fee:	Date Paid:

I certify that I have read this application and state that the above information is correct and that I am the owner or the duly authorized agent of the owner. I understand that I am subject to 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 state or municipality. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. I understand that I shall contact the inspector(s) at the appropriate times throughout the project for the required inspection(s). If I shall fail to contact the inspector(s) for the required inspection(s), or if reinspections are required, I agree to pay the appropriate penalty fees and/or reinspection fees.

Applicant (Sign): _____ **Print:** _____ **Date:** _____