

Building Permit Application

1 & 2 Family Buildings

Additions, Alterations, Garages, Repairs, Etc. www.cityofportwashington.com

City of Port Washington

Department of Building Inspection 100 W Grand Ave – PO Box 307 Port Washington, Wisconsin 53074 262-268-4277 Fax 262-284-7669

Job Location (identify exact address)						Zoning	Permit#
Owner's Name		Phone Number	Contact's Name	Contact's Name		Phone Number	
Owner's Address (If different from above)				City	City State		Zip Code
Contractor's Name			Phone Number	Contact's Name			Phone Number
Contractor's Address				City		State	Zip Code
Dwelling Contractor Cont. Qualit		Cont. Oualifier	er Name (Print)		State statues require that any work performed on one or two family buildings must be performed		
Number		Cont. Qualifier		by a contractor ce			
Addition		Fence		Garage	Drive		vay
Alterations		Fireplace —		Reroofing V		Windo	ows
Deck		Foundation Early Start		Shed		_	
Demolition		Foundation Repair		Siding		_	
Sq. Ftg. Exist. Bld.	Setback & Offsets	North	South East	West	Sq. Ftg. Under Cons		Estimated Cost of Work
Inspections are required before any work is concealed, when work is complete and prior to occupancy or use. It is the responsibility of permit holder to arrange with this office appointment times for the required inspections. Notification by fax or mail that work is complete is not acceptable. Reinspection fees will be charged. Department Notes							
Permit Issued By				Date	Permit Plan R Other	eview	
I attest that the above information accurately describes the property and proposed work						mply with all C	lity of Port Washington and
State of Wisconsin codes applicable to the occupancy and work stated above. I understand that any falsification or misinformation may result in penalties prescribed in the City of Port Washington ordinances.							
Applicants Signature Print Applicant's Name					Date		
If owners signature, I acknowledge that I have read and understand the cautionary and statute statements on the last sheet of this form							