

BUILDING PERMIT APPLICATION

Town of Jackson

Project Address: _____

Owner: _____ Phone: _____ Email: _____

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

Contractor: _____ Phone: _____ Cell: _____

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

Dwelling Contractor Lic. _____ Dwelling Contractor Qualifier: _____

Email: * _____

Principal Building:

Type of Building: _____

Proposed Use: _____

Cost of Project: * _____

Sanitary Permit No. _____

Furnace/ Boiler: _____ Ea. _____ BTU's

Air Conditioner: _____ Ea. _____ Tons

Submit the following:

- 2 sets of Building Plans / 3 sets Commercial
- 2 copies of Plat of survey with house staked,
Erosion control locations and tracking pad.
- Culvert Location staked
- Wall Bracing Plan for new 1 & 2 Family

Residential Additions, Alterations, Detached Structures:

Type of Project: _____

Proposed Use: _____

Cost of Project: * _____

Size of Project: _____

Submit the following:

- Planning & Parks Sign-off sheet (if appl.) (262-335-4445)
- 2 sets of Building Plans
- 2 copies of Survey, Site Plan or Building location sketch of
lot if approved by the inspector.

Residential Reroofing, Residential Residing, Replacement Windows

Describe Project(s): _____

Cost of the Project(s) each: _____

Reroofing Permit Fee: \$55.00 Residing Permit Fee: \$55.00
Replacement Windows Permit Fee: \$60.00

Please provide all applicable information to allow Permit to be processed. A signature is required.

Mail permits to Town of Jackson, Attn: Jim Micech, Building Inspector, 3146 Division Road, Jackson, WI. 53037
Email: building@town-jackson.com Phone: (414) 840-3416

All checks shall be payable to the Town of Jackson

I hereby attest the above information and attachments hereto are true and correct.

Print Name: _____ Signature: _____ Date: _____

For Office Only

Shoreland Zoning _____	Basement _____	Occupancy _____	Plan Review _____
Zoning District _____	First Floor _____	Heating _____	Inspection _____
Flood / Wetland Yes ___ No ___	Second Floor _____	A/C _____	UDC Seal _____
<u>State Plans Submitted</u>	Garage _____	Fireplace _____	Wood Deck _____
Building _____	Area _____	HRV / ERV _____	Zoning Fee _____
HVAC _____	Story _____	House Numbers _____	Erosion _____
Plumbing _____	W ___ D ___ Garage	Culvert _____	Total Due _____