

# 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: \$60.00      Residing Permit Fee: \$60.00**

**Replacement Windows Permit Fee: \$65.00**

*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@townofjacksonwi.gov](mailto:building@townofjacksonwi.gov) 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 \_\_\_\_\_ Second Floor \_\_\_\_\_ A/C \_\_\_\_\_ UDC Seal \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Garage \_\_\_\_\_ Fireplace \_\_\_\_\_ Wood Deck \_\_\_\_\_

**State Plans Submitted** Area \_\_\_\_\_ HRV / ERV \_\_\_\_\_ Zoning Fee \_\_\_\_\_

Building \_\_\_\_\_ Story \_\_\_\_\_ House Numbers \_\_\_\_\_ Erosion \_\_\_\_\_

HVAC \_\_\_\_\_ W \_\_\_ D \_\_\_ Garage Culvert \_\_\_\_\_ Total Due \_\_\_\_\_

Plumbing \_\_\_\_\_