

Town of Wayne
 6030 Mohawk Road
 Campbellsport, WI 53010
 Phone: 262-626-4818 Fax: 262-626-1958

Building Permit Application
 Permit #- _____
 Tax Key- _____

Owner's Name	Mailing Address, City, State, Zip Code	
Project address	Owner's phone #, include area code	
Contractor's name	Contractor's Mailing address, city, state, zip code	
Contractor's Dwelling Contractor (DC) #:	Phone #, include area code	Fax #
Dwelling Contractor Qualifier (DCQ) #:		

Type of project

- | | |
|--|---|
| <input type="checkbox"/> New one and two-family residence | <input type="checkbox"/> HVAC (Add or replace AC, replace furnace etc.) |
| <input type="checkbox"/> Commercial/industrial/multi-family | <input type="checkbox"/> Alteration (Reroof, siding, windows, interior remodel, finish basements) |
| <input type="checkbox"/> Accessory buildings (120 Sq. ft. or over) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Additions | |
| <input type="checkbox"/> Deck, Pool, Fence | |

Project Description:
Used for:
Estimated Cost:
<u>Needed with Application</u>

- | | |
|---|---|
| <input type="radio"/> Wash. Co. Planning and Parks Dept. sign off sheet-if in area beyond 1000 ft. of body of water/wetlands or Wash. Co. Shoreland zoning permit if within 1000 ft. of body of water/wetland (These are not needed for Alterations, or HVAC) | <input type="radio"/> 2 sets of building plans (3 sets if you want copy returned) |
| | <input type="radio"/> 2 copies of survey or site plan- showing location of proposed structure (can be sketched on survey/site plan) (3 sets if you want copy returned)
(These are not needed for Alterations, or HVAC) |

<u>Signature of Applicant:</u>	<u>Date:</u>
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The applicant agrees to comply with the Municipal Ordinances, State of WI Building Codes, and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate.

<p>To request an inspection: call the Building Inspector at number listed. Please give project address, permit # if possible, and type of inspection. Please give at least 24 hour notice on all inspections. 48 hour notice on footing inspections if possible.</p> <p><u>*Drop off completed application at Town Hall or mail to Town address.</u></p>	<p>Certified Building Inspector Jeremy Pfeifer Office: 262-629-1774 Cell: 262-689-7346 License #: 1293974 Email: jeremy@jpbuidinginspections.com</p>
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Accepted by _____ Date _____ Paid _____

<u>Office use only</u>			
Basement SF-	Garage SF-	HVAC-	Plan Review-
Living space SF-	Decks/Porch SF-	Erosion-	Inspection-
Commercial SF-		Zoning-	Occupancy-
		Other-	WI Seal-
			TOTAL-

Issued: / /20