

FOR INSPECTIONS CALL:		GENERAL BUILDING PERMIT APPLICATION				PERMIT # _____		
						EXPIRATION DATE: _____		
Parcel Number: _____		Property is Located in <input type="radio"/> Town of <input type="radio"/> Village of <input checked="" type="radio"/> City of <u>Seymour</u>				Municipality Number _____		
PROJECT DESCRIPTION (Submit Building Plans & Site Plan)						Does this project require any additional approvals or permits? <input type="radio"/> yes <input type="radio"/> no		
Building Project Address: _____						Finished Project Value \$ _____		
Zoning District(s): _____		Zoning Permit No.: _____	Corner Lot <input type="radio"/> yes <input type="radio"/> no	Bldg. Height Ft. _____	Setbacks: Front _____	Rear _____	Left _____	Right _____
Owner's Name(s) _____			Mailing Address _____			Telephone _____		
						Email _____		
Contractor Name & Type _____			Licen. / Cert # _____	Exp. Date _____	Mailing Address _____		Telephone & Email _____	
Construction Contractor							Tel. _____	
Dwelling Contractor Qualifier					The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.		Email _____	
HVAC Contractor							Tel. _____	
Electrical Contractor							Email _____	
Master Electrician							Tel. _____	
Plumbing Contractor							Email _____	
RESIDENTIAL Single Family/Duplex	Addition: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control							
	Detached Accessory Building: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.							
	Remodel: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.							
	Other: <input type="checkbox"/> Fence <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control <input type="checkbox"/> Electrical Service Upgrade (Amp _____) <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/> _____							
COMMERCIAL	New Commercial Building: _____ Bldg. Sq. Ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control							
	Commercial Addition/Alteration: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control _____ Building Sq. Ft. <input type="checkbox"/> Electrical Service (Amp _____) <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze)							
	State of Wisconsin Plan Approval Needed: <input type="radio"/> yes <input type="radio"/> no (Approved plans must be submitted with permit application)							
Zoning – When applicable, owner shall research setback information regarding height, lot coverage, etc. prior to submittal of this application.								
I agree to comply with 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; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last page of this application. 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. It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.								
APPLICANT'S SIGNATURE _____						DATE SIGNED _____		
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.								
BELOW SECTION FOR OFFICE USE								
FEES:			PERMIT(S) ISSUED			This zoning/building permit indicates only that the structure, as proposed, complies with the City of Seymour Zoning Ordinance. This structure may or may not comply with private convenience. Also note that the property owner is solely responsible for the location of lot line. The City of Seymour makes NO determination as to accuracy of lot lines as determined by the property owner.		
Construction	\$ _____		<input type="checkbox"/> Construction					
Plumbing	\$ _____		<input type="checkbox"/> HVAC					
Electrical	\$ _____		<input type="checkbox"/> Electrical					
HVAC	\$ _____		<input type="checkbox"/> Plumbing					
Zoning	\$ _____		<input type="checkbox"/> Erosion Control					
Other _____	\$ _____		<input type="checkbox"/> Other _____					
Administrative	\$ _____							
Total Permit Fee	\$ _____							

Issued By _____