



LAKESIDE
INSPECTIONS
608-387-0121

SPS 320.06

UNIFORM
BUILDING PERMIT
APPLICATION

UNIFORM PERMIT NO. _____

PARCEL NO. _____

PERMITS REQUIRED _____ ELECTRICAL _____ PLUMBING _____ HVAC _____ OTHER _____

OWNERS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

CONTRACTORS NAME _____ MAILING ADDRESS _____ TELEPHONE _____

PROJECT LOCATION _____
BUILDING ADDRESS _____ SUBDIVISION _____ LOT NUMBER _____

EST. COST _____ DWELLING CONTRACTORS LICENSE NO. _____
DWELLING CONTRACTOR QUALIFIER NO. _____

PROJECT DESCRIPTION _____ NEW CONSTRUCTION _____ ADDITION _____ REMODEL _____
RESIDENTIAL _____ COMMERCIAL _____

SCHEDULE OF WORK INVOLVED AND INSPECTION FEES

		COUNT	FEE
RESIDENTIAL			
GARAGES	UP TO 600 SQ. FT. \$200.00		
	OVER 600 SQ. FT. \$.40 PER SQ. FT.	_____ Sq. Ft.	_____
REMODELING / ADDITIONS	\$6.00 PER \$1,000 OF VALUATION		
	Minimum Fee of \$500.00	_____ Value	_____
ACCESSORY BLDG./DECKS	UP TO 600 SQ. FT. \$100.00		
	OVER 600 SQ. FT. \$.20 PER SQ. FT.	_____ Sq. Ft.	_____
COMMERCIAL BUILDINGS			
NEW	\$.09 PER SQ. FT. + \$400.00	_____ Sq.Ft	_____
REMODELING/ADDITIONS	\$6.00 PER \$1,000 OF VALUATION		
	MINIMUM OF \$500.00	_____ Value	_____

RE-INSPECTION FEE _____ \$50.00 EACH
FAILURE TO CALL FOR INSPECTION _____ \$50.00 EACH

Total

DOUBLE PERMIT FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

The applicant agrees to comply with the municipal ordinances 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, or inspector; and certifies that the above information is accurate.

SIGNATURE OF APPLICANT: _____ DATE: _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Have permit / application number and address when requesting inspections. Call 608-387-0121 or email l.gilles@bldgpermit.com for inspections. Give at least 48 hours notice on all inspections.

FEES	ISSUING JURISDICTION	PERMIT ISSUED BY
INSPECTION FEE _____	TOWN _____	NAME _____
OTHER _____	VILLAGE _____	DATE _____
TOTAL _____	CITY _____	CERT. NO _____
	OF: _____	