

VILLAGE OF MISHICOT

BUILDING PERMIT APPLICATION

Important – Complete ALL items. Mark boxes where applicable.

I. LOCATION OF BUILDING										
Number and Street					Subdivision		Lot	Block	Census Tract	
N S					N S					
E W side of			feet:	E W from intersection of						
Parcel Number										
II. TYPE AND COST OF BUILDING – All applicants complete Parts A through D										
A. TYPE OF IMPROVEMENT					B. OWNERSHIP					
1	<input type="checkbox"/>	New Building			8	<input type="checkbox"/>	Private (individual, corporation, nonprofit institution, etc.)			
2	<input type="checkbox"/>	Addition (if residential, enter number of new housing units added, if any, in Part D, 13 below)			9	<input type="checkbox"/>	Public (Federal, State, or local government)			
					C. COST (omit cents)					
3	<input type="checkbox"/>	Alteration (See 2 above)			10	Cost of Improvement			\$	
4	<input type="checkbox"/>	Repair, replacement			To be installed but not included in above cost:					
5	<input type="checkbox"/>	Wrecking (if multifamily residential, enter number of units In building in Part D, 13 below)			a. Electrical			\$		
					b. Plumbing			\$		
6	<input type="checkbox"/>	Moving (relocation)			c. Heating, air conditioning			\$		
7	<input type="checkbox"/>	Foundation only			d. Other (elevator, etc.)			\$		
					11	TOTAL COST OF IMPROVEMENT			\$	
D. PROPOSED USE – For “Wrecking” most recent use										
Residential					Nonresidential					
12	<input type="checkbox"/>	One family			18	<input type="checkbox"/>	Amusement, recreational			
13	<input type="checkbox"/>	Two or more family			19	<input type="checkbox"/>	Church, other religious			
					20	<input type="checkbox"/>	Industrial			
14	<input type="checkbox"/>	Transient hotel, motel or dormitory			21	<input type="checkbox"/>	Parking garage			
					22	<input type="checkbox"/>	Service station, repair garage			
15	<input type="checkbox"/>	Garage			23	<input type="checkbox"/>	Hospital, institutional			
16	<input type="checkbox"/>	Carport			24	<input type="checkbox"/>	Office, bank, professional			
17	<input type="checkbox"/>	Other – Specify:			25	<input type="checkbox"/>	Public utility			
					26	<input type="checkbox"/>	School, library, other educational			
					27	<input type="checkbox"/>	Stores, mercantile			
					28	<input type="checkbox"/>	Tanks, towers			
					29	<input type="checkbox"/>	Other – Specify:			
<p>Nonresidential – Describe in detail proposed use of buildings, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use:</p>										

III. SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts E through L; for wrecking, complete only Part I, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME			I. TYPE OF MECHANICAL					
30	<input type="checkbox"/>	Masonry (wall bearing)	Will there be central air conditioning?					
31	<input type="checkbox"/>	Wood frame	44	<input type="checkbox"/>	Yes	45	<input type="checkbox"/>	No
32	<input type="checkbox"/>	Structural steel	Will there be an elevator?					
33	<input type="checkbox"/>	Reinforced concrete	46	<input type="checkbox"/>	Yes	47	<input type="checkbox"/>	No
34	<input type="checkbox"/>	Other – Specify	J. DIMENSIONS					
			48	Number of stories.....				
F. PRINCIPAL TYPE OF HEATING FUEL			49	Total square feet of floor area.....				
35	<input type="checkbox"/>	Gas	All floors based on exterior dimensions					
36	<input type="checkbox"/>	Oil	50	Total land area, square feet.....				
37	<input type="checkbox"/>	Electricity	K. NUMBER OF OFF STREET PARKING SPACES					
38	<input type="checkbox"/>	Coal	51	Enclosed.....				
39	<input type="checkbox"/>	Other - Specify	52	Outdoors.....				
G. TYPE OF SEWAGE DISPOSAL			L. RESIDENTIAL BUILDINGS ONLY					
40	<input type="checkbox"/>	Public or private company	53	Number of bedrooms.....				
41	<input type="checkbox"/>	Individual (septic tank, etc.)	54	Number of bedrooms – FULL				
H. TYPE OF WATER SUPPLY			Number of bedrooms – PARTIAL					
42	<input type="checkbox"/>	Public or private company						
43	<input type="checkbox"/>	Individual (well, cistern)						

IV. IDENTIFICATION

	Name	Mailing Address – Number, Street, City and State	Zip Code	Telephone
1. Owner				
2. Contractor				
3. Architect				

The owner of this building and the undersigned agree to conform to all applicable laws of the Village of Mishicot.

Signature of Applicant:	Applicant Address:	Application Date:
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DO NOT WRITE IN THIS SPACE – FOR OFFICE USE

Approved by:	Permit Fee: \$	Date Permitted Issued:	PERMIT NUMBER:
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SKETCH PLAN

Application # _____

Property Owner _____ Phone _____

Address _____

Property Description:

Lot # _____ Block _____ Subdivision _____ Zoning District _____

Parcel # _____ Accessory Building, Addition, New Construction, Fence

Application For:

New Construction _____

Addition _____

Structural Alteration _____

Construction Details:

Width _____

Length _____

Height _____

of Stories _____

Floor Area _____

Setbacks:

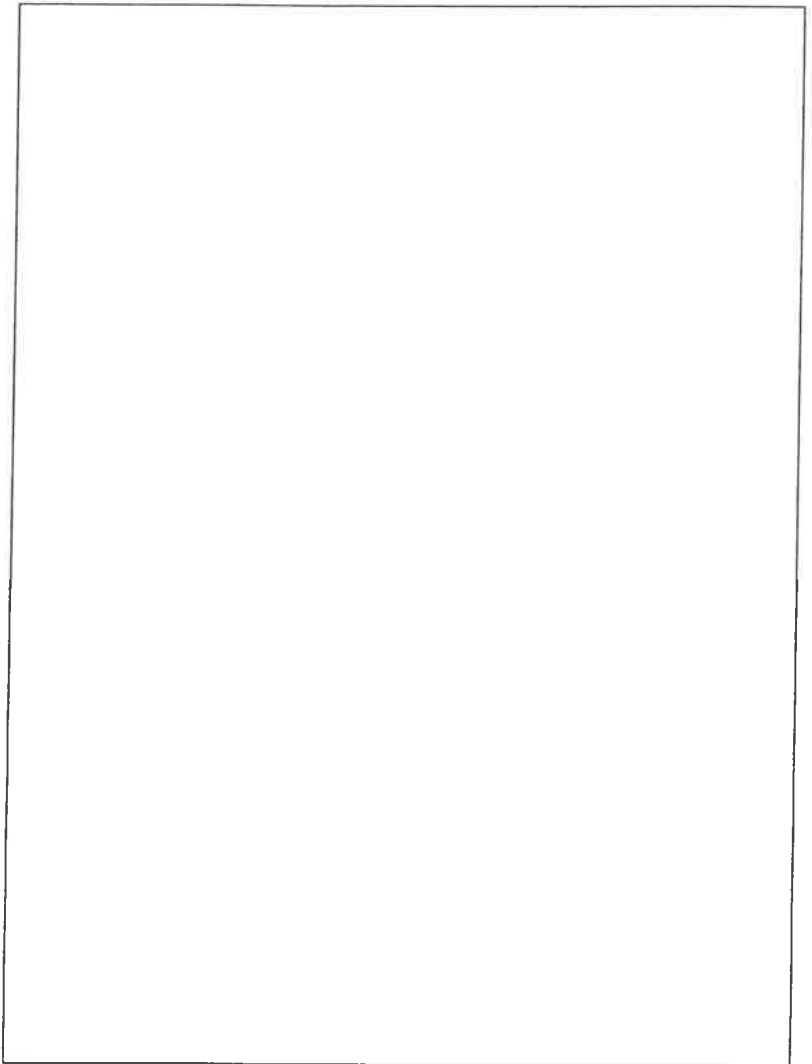
Centerline _____

Rear Lot _____

Side Lot _____

Side Lot _____

The applicant certifies that the above information is true and correct and that Work will be done in accordance to the Village of Mishicot Ordinances and WI Codes.



Signature of Owner or Agent