

BUILDING PERMIT APPLICATION

VILLAGE OF CLEVELAND

Date: _____ Owner: _____

Telephone (Day) _____ Mailing Address: _____
 (Evening) _____

Physical Address or Location, if different than above: _____

Estimated Cost of Project: \$ _____ Anticipated Start Date: _____

PERMIT TYPE (check all that apply): New Remodel/Repair HVAC Electrical Plumbing
 Driveway/Culvert Razing Moving Other (_____)

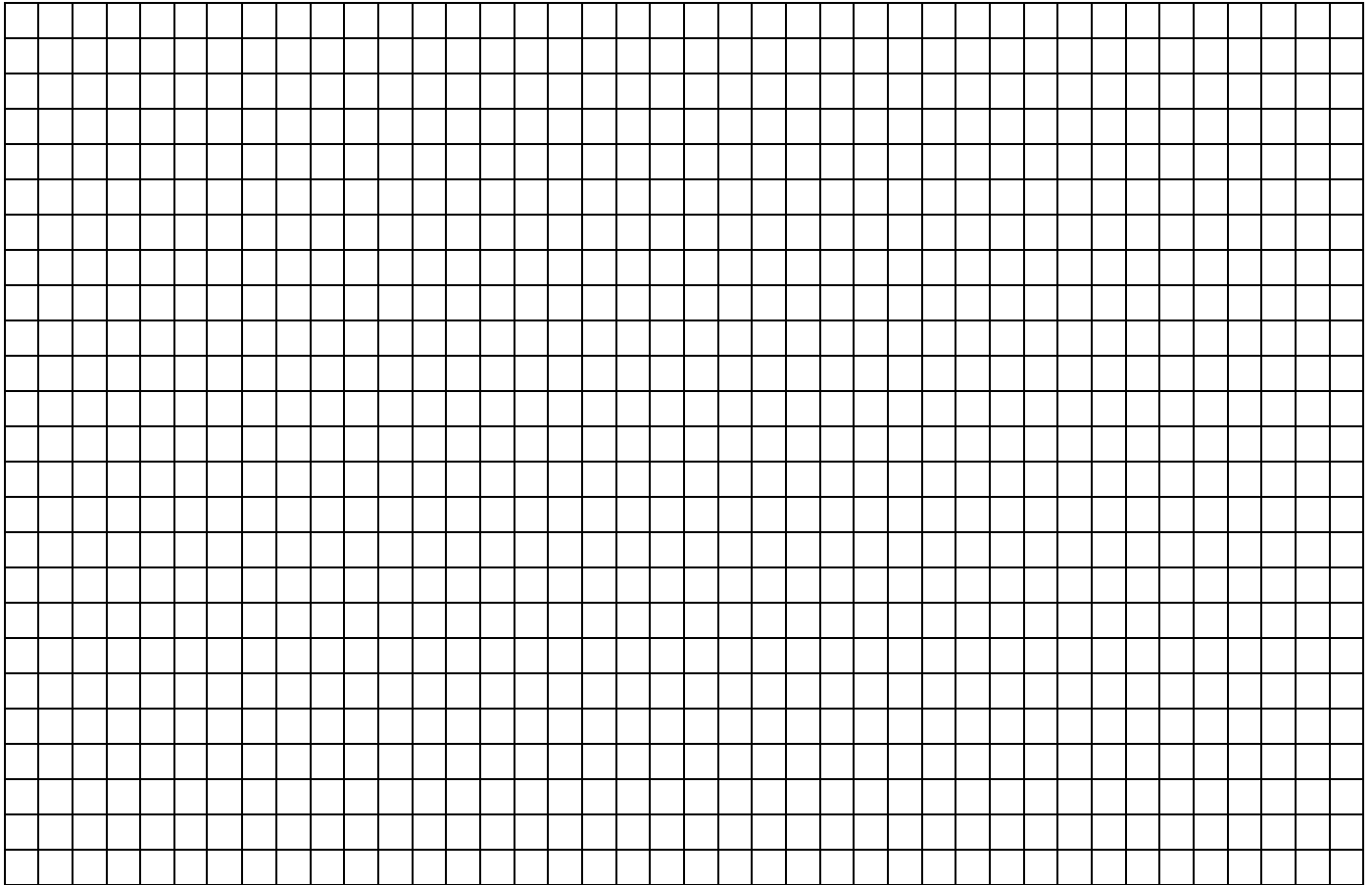
FOR USE AS: Residential Commercial Industrial Institutional Other (_____)

For Commercial, Industrial, Institutional, and Other Projects ONLY: Project Area: _____ sq ft

Description of Work: _____

Fees double if work is started without a permit.

NEW CONSTRUCTION: Sketch or attach layout of property; clearly identify new construction and setbacks.



LEGEND

Building inspection services provided by:
Paul Hermes dba Allstate Inspection LLC
 1-920-858-0102

If a property owner hires a contractor to perform work under this building permit and the contractor is not bonded or insured as required under s. 101.654(2)(a), Wis. Stats., the following consequences might occur:

- (a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.
- (b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two-family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

BUILDING CONTRACTOR.....

Name _____ Address _____
 Telephone _____
 Credential # _____ Type: ___ Dwelling Contractor ___ Dwelling Contractor Qualifier ___ Dwelling Contractor-Restricted

PLUMBER.....

Name _____ Address _____
 Telephone _____
 Credential # _____ Type: ___ Master Plumber ___ Other (_____)

ELECTRICIAN.....

Name _____ Address _____
 Telephone _____
 License # _____ Type: ___ Electrical Contractor ___ Electrical Contractor-Restricted

(Required effective 4/1/2014 by 2013 Wis Act 143) If the electrician does not have a license, DSPS recommends verification of eligibility for grandfathering be obtained as follows: (1) Confirm the individual's date of birth is on or prior to 1/1/1956; and (2) collect verbal attestation that the individual has 15 years of experience.

HVAC

Name _____ Address _____
 Telephone _____
 HVAC Contractor Registration # _____ Type: ___ HVAC Contractor ___ HVAC Contractor-Qualifier

The undersigned hereby applies for a permit to do the work herein described; agrees to comply with the Municipal Ordinances and the conditions of this permit; understands that issuance of this permit creates no legal liability, either expressed or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. **The Applicant is responsible for contacting the Inspector to arrange for inspections.**

NAME OF APPLICANT: *Please print:* _____ *Date:* _____

Signature: _____

If approved, this permit is issued pursuant to the Village of Cleveland ordinances and is based on the information provided by the Applicant. The Village assumes no responsibility for the suitability of the property for the purpose of the permit. The permit is issued for the convenience of the Village to determine compliance with the Village code and is not intended to be relied upon by the Applicant or owner for any other purpose.

(For Office Use Only)

File: Building Permit 2016-05-10.docx

Tax Parcel No.:	_____	Current Zoning:	_____	Payment:	___ Cash ___ Check # _____
Construction:	\$ _____	HVAC:	\$ _____	Approved:	_____
Sanitary Sewer Hookup:	\$ _____	Electrical:	\$ _____	Date:	_____
Storm Sewer Hookup:	\$ _____	Plumbing:	\$ _____		
Water Main Tap:	\$ _____	10% Admin Fee:	\$ _____		
Special Inspection:	\$ _____	TOTAL:	\$ _____		