



**ADDITIONS AND ALTERATIONS
PERMIT APPLICATION**

Submit to:
Fax: (920) 693-3695
Email: dlalonde@clevelandwi.gov
Mail: Village of Cleveland
PO Box 87
Cleveland WI 53015

Date _____

1. Project Address _____
2. Owner _____
3. Owner Mailing Address _____
4. Building Type: Residential Commercial Industrial Institutional Accessory
5. Contractor _____ Phone _____
6. Contractor Address _____
7. Dwelling Contractor License No. _____ Exp Date _____
8. Dwelling Qualifier License No. _____ Exp Date _____
9. Project Cost _____

Please complete the applicable sections below and on the reverse:

Roofing:

Tear off	Yes	No	
Sheathing (replace)	Yes	No	Size: 7/16"
Ice & water shield	Yes	No	
Roof Vent(s)	Yes	No	Number: _____
Ridge Vent	Yes	No	
Shingle warranty	25	30	Other: _____

Siding:

T/O existing siding	Yes	No	
Tyvek/House wrap	Yes	No	
½" r-board	Yes	No	
¼" r-board	Yes	No	
Siding type	Vinyl	Other: _____	(vertical steel is not allowed)
Alum soffit & fascia	Yes	No	
Trim windows/doors	Yes	No	

Windows:

Total number of windows _____ How many are replacement windows? _____

Will the size of any window openings be changed? No Yes*

*If yes, attach a list of the window location(s) and if the opening(s) will be made larger or smaller.

Windows (cont'd):

<u>Location:</u>	<u>Number:</u>	<u>Type:</u>				
Living	_____	Bow	Slider	Casement	Dbl-Hung	Other: _____
Kitchen	_____	Bow	Slider	Casement	Dbl-Hung	Other: _____
Dining	_____	Bow	Slider	Casement	Dbl-Hung	Other: _____
Bedroom	_____	Bow	Slider	Casement	Dbl-Hung	Other: _____
Bath	_____	Bow	Slider	Casement	Dbl-Hung	Other: _____
Basement	_____	Bow	Slider	Casement	Dbl-Hung	Other: _____

Doors:

Number of entrance doors _____ Storms/Screens: No Yes
 Number of patio doors _____ Will the size of any door openings be changed? No Yes*

*If yes, attach a list with the door location(s) and if the opening(s) will be made larger or smaller.

Cautionary Statement to Owners Obtaining Building Permits

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

- (a) The owner may be held liable for any bodily injury to or death of others or for any damages to the property of others that arises out of the work performed under the building permit or that is caused by any negligence of 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 1&2 Family Dwelling Code or an ordinance enacted under sub. (1)(a), because of any bodily injury to or death of others or for any damages to the property of others that arises out of the work performed under the building permit or that is caused by any negligence of the contractor that occurs in connection with the work performed under the building permit.

By signing below, I accept full responsibility for determining the existence and location of any easements, covenants, utility service lines, etc., that may affect the above-described premises. I certify that the information on this form is complete and accurate. I agree to comply with all applicable codes of the Village of Cleveland and the State of Wisconsin and with any conditions attached to this application and permit. I understand that issuance of this permit creates no legal liability, express or implied, of the Department, Village, Agency or Inspector.

The Applicant is responsible for contacting the Building Inspector to arrange for inspections.

Name (print) _____

Signature _____

For office use only

Tax Parcel Number _____ Zoning District(s) _____

Amt. Pd. \$ _____ Cash _____ Ck # _____ PSN Date _____ Date Emailed to Inspector _____