



**ADDITIONS AND ALTERATIONS
PERMIT APPLICATION
PLANS REQUIRED**

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

Date _____

Project Address _____

Owner _____ Phone _____

Owner Mailing Address _____

Building Type: Residential Commercial Industrial Institutional Accessory

General Contractor _____ Phone _____

General Contractor Address _____

Plans Required

- a. Application for an Additions and Alterations permit shall be submitted together with no less than two (2) copies of complete plans and specifications. DSPS-approved plans (for new construction and additions) shall require three (3) sets of plans (see Item 7 below)
- b. Plans shall be drawn to scale of not less than 1/8 inch per foot and shall include the following:
 1. A plot plan showing the physical dimensions of the lot; location of existing and proposed building(s) or addition; location of the parcel with respect to all adjoining streets and alleys; all proposed driveways and off-street parking and loading facilities; and bodies of water and other major physical features such as drainage ditches, hills, railroad tracks, wells and disposal systems, tanks or similar features.
 2. Floor plans for each level including the basement.
 3. Elevation plans for all elevations, including proposed and existing grade data.
 4. Cross section plan.
 5. Complete construction details.
 6. Heat loss calculations for all new buildings and for all major additions to existing buildings.
 7. If approval of the Wisconsin Department of Safety and Professional Services (DPS) is required, three (3) sets of plans must be submitted for approval, one set of which shall remain on file in the office of the Building Inspector.
 8. Plans to be reviewed under the Wisconsin Department of Safety and Professional Services shall be submitted with all plan review and inspection fees as prescribed by DPS Sec., Wis. Adm. Code.
 9. Plans not showing adequate detail to allow complete review shall be rejected.

List of Contractors and Costs:

	Contractor	Credential Number	Project Cost
General			
Electrician			
HVAC			
Plumber			
Excavator			
Mason			

Signed _____ (Contractor or Owner)

For office use only

Tax Parcel Number _____ Zoning District(s) _____ Date Approved/Fee _____

Amt. Pd. \$ _____ Cash _____ Ck # _____ PSN Date _____ Date Permit Issued _____