



**ROOFING, SIDING, WINDOWS & DOORS  
PERMIT APPLICATION**

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

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Contractor Address \_\_\_\_\_

Dwelling Contractor License No. \_\_\_\_\_ Exp Date \_\_\_\_\_

Dwelling Qualifier License No. \_\_\_\_\_ Exp Date \_\_\_\_\_

Project Cost \_\_\_\_\_

**Please complete the applicable sections below and on the reverse:**

**Roofing:**

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

**Siding:**

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

**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.

**OVER →**

**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, please attach a list with the door location(s) and if the openings 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 s. 101.654(2)(a), the following consequences 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 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) \_\_\_\_\_ Date Approved/Fee \_\_\_\_\_

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