

**City of Appleton**  
**Inspection Division 100 N. Appleton St. Appleton WI 54911**  
**Phone (920) 832-6411 Fax (920) 832-6464**

Permit No. \_\_\_\_\_  
 Key No. \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Permit Fee: \_\_\_\_\_  
 Date: \_\_\_\_\_

## BUILDING PERMIT

Owner/Contractor \_\_\_\_\_ Project Address \_\_\_\_\_  
 Project Type \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
 Lot # \_\_\_\_\_ Subdivision \_\_\_\_\_ Zoning \_\_\_\_\_  
 Comments \_\_\_\_\_

Why Issued	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel-Interior <input type="checkbox"/> Remodel-Exterior <input type="checkbox"/> Deck  <input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____ Estimated \$ _____	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial  <input type="checkbox"/> Garage-Attached <input type="checkbox"/> Garage-Separate Other _____

Building Size Information	Set Backs Accessory Bldg	Lot information	
O.A. Dimension _____ 1st Floor _____ Basement Area _____ 2nd Floor _____ Garage Area _____ 3rd Floor _____ No. Stories _____ Volume _____ Height _____ Total Area _____	Front _____ Main Bldg _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____ <input type="checkbox"/> Easement on property	
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Posts No. _____

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Contractor E-mail \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Architect/Designer \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of the Building Code and Zoning Ordinance of the City of Appleton and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor or designee thereof, as a condition of receiving this permit. Permit fees are nonrefundable.

Applicant (signature) \_\_\_\_\_ Applicant (print) \_\_\_\_\_

State DC # \_\_\_\_\_ State DCQ# \_\_\_\_\_ Approved by \_\_\_\_\_

Permits granted by:  Board of Appeals  Board of Building Inspections State Bldg Permit # \_\_\_\_\_ Stormwater # \_\_\_\_\_

**THIS PERMIT DOES NOT COVER PLUMBING, ELECTRICAL OR HEATING INSTALLATIONS**

**APPLICANT SHALL CALL THE INSPECTION DIVISION FOR REQUIRED INSPECTION: 920-832-6411**

Reasonable Accommodations for persons with disabilities will be made upon request and if feasible.

White-Office

Pink- Assessor

Goldenrod-Applicant