

PARCEL # _____

PERMIT # _____

Town of Winneconne BUILDING PERMIT APPLICATION

Owner(s) _____ Phone _____

Project Address _____ City, ST, Zip _____

Contractor _____ Phone _____

Contractor License # _____

Contractor's Address _____ City, ST, Zip _____

Type of Occupancy _____ Square Footage of Project _____

Project Description _____ Project Cost _____

Conditions of Approval _____

Applicant Signature _____ Date _____

REQUIREMENTS OF PERMITTING

- Possess and post required Zoning & Building Permits **BEFORE** starting any construction
- Property pins exposed on the first inspection for any additions or new construction
- Same day road clean-up is the responsibility of the owner/contractor
- All work to meet the STATE Codes or re-inspection fees will be charged for improper installations
- **The owner/contractor is responsible for making arrangements for the final inspection**
- **A minimum of 24-hours notice is required for inspection requests**

REQUIRED INSPECTIONS: Foundations, Framing, Mechanicals Rough-ins, Insulation, Final(s)

ZONING PERMIT REQUIRED: Y / N County / Town # _____

ADDITIONAL PERMITS: (circle) Electrical HVAC Plumbing

BUILDING INSPECTOR: Tom Spierowski

Office (920) 836-2007

Mobile (920) 428-3361

Email buildinginspector@townofclayton.net

TOTAL FEE(s) \$ _____

PAYABLE TO: Town of Winneconne
8348 County Rd T
Larsen, WI 54947

Building Inspector Signature _____ Date _____