



W1195 MARIETTA AVENUE • PO BOX 109

IXONIA, WI 53036

FOR INSPECTION CALL

PHONE (920) 988-9795

Town of Ixonia

DATE: _____

BUILDING PERMIT: IX-_____

TAX KEY #: 012-0816-_____

APPLICATION FOR BUILDING PERMIT

NAME _____ PHONE () _____

EMAIL (TO RECEIVE PERMIT) _____

ADDRESS _____

CONTRACTOR _____ PHONE () _____

ADDRESS _____

CONTRACTOR LICENSE# _____ EXPIRATION DATE _____

PROJECT LOCATION _____

PROJECT DESCRIPTION _____

INSPECTOR SIGNATURE _____ ZONING PERMIT _____

PERMIT FEES**NO REFUNDS ON PERMITS****QUANTITY****FEE****RESIDENTIAL – 1 & 2 FAMILY (NEW CONSTRUCTION .48/SQ.FT.)**

REMODEL/ADDITION	\$8.00 per M of valuation		
	\$100.00 Minimum		
ACCESSORY BUILDING/ GARAGE	Up To 150 sq. ft. \$60.00		
	150-600 sq. ft. \$100.00		
	Over 600 sq. ft. \$0.30/sq. ft		

COMMERCIAL - INDUSTRIAL

NEW BUILDING	\$0.48 sq. ft all areas for inspection fees		
REMODEL/ADDITION	\$8.00 per M of valuation		
	\$100 minimum		

AGRICULTURAL BUILDINGS

NEW BUILDING	\$0.25 sq. ft all areas for inspection fees		
REMODEL/ADDITION	\$8.00 per M of valuation		
	\$100.00 minimum		

MECHANICAL & MISCELLANEOUS

DECKS, EACH	\$100.00		
SPECIAL INSPECTIONS	\$75.00/hr.		

PERMIT TO START CONSTRUCTION OF FOOTING & FOUNDATION

RESIDENTIAL	\$50.00		
COMMERCIAL- INDUSTRIAL	\$75.00		
PLAN REVIEW	\$50.00		
FENCE	\$50.00		
OTHER	\$		

DOUBLE FEES SHALL BE CHARGED IF WORK IS STARTED **BEFORE** PERMIT IS ISSUED

Valuation \$ _____ CK# _____ Rec'd By _____ Date Rec'd ____/____/____ Total Fees \$ _____

Conditions of Approval _____

The applicant agrees to comply with the Wisconsin Uniform Dwelling Code & other Municipal Ordinances & with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, on the Department, or Municipality; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT: _____**DATE:** _____