



Village of Wales
Department of
Building Inspection

PERMIT # _____

APPLICATION FOR
BUILDING PERMIT

129 West Main St, P.O. Box 47 • Wales, WI 53183 • Phone (262) 490-4141 • Fax (262) 968-5649

JOB LOCATION _____

OWNER _____ PHONE _____ FAX _____

ADDRESS _____ CITY, STATE, ZIP _____

CONTRACTOR _____ PHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

DWELLING CONTRACTOR # _____ EMAIL _____

When permit is ready notify: Contractor Owner By: Mail Phone Email

Project Description: _____

Estimated cost of above job(s) \$ _____

Current principal use of property _____

Proposed principal use of property _____

TO THE BUILDING INSPECTOR: The undersigned hereby applies for a permit to do work herein described according to the plans and specifications filed herewith and located as shown on this application. The undersigned agrees that such work will be done in accordance with the said description, plans and specifications and in compliance with the Uniform Dwelling Code of Wisconsin Administrative Code, Zoning Ordinance, all other ordinances of the Village of Wales with all the laws and orders of the State of Wisconsin applicable to said premises.

Signature of Applicant _____ Date _____

CONDITIONS OF APPROVAL: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

1. See plans for possible conditions/recommendations _____

2. _____

Meeting dates plans were approved for building permit:

Plan Commission _____ Village Board _____ Arch Board _____

_____ **TOTAL FEES**

_____ **Date Paid**

_____ **Receipt**

APPLICATION APPROVED ON: _____ BY: _____

DATE

BUILDING INSPECTOR