Building Permit Application

*Highlighted areas for office use only

Permit #:	
Date:	
Tax Key #:	
Owner's Name:	
Mailing Address:	
Phone:	
Project:	
Address of Project (if differe	ent than mailing address):
Contractor:	
Address:	
Cost:	
Fee:	
Electrical (if applicable) AMP Service: Contractor:	
Plumbing (if applicable) ☐ Contractor:	
Notes:	
Building Inspector:	Date:
The undersigned applicant a Ordinances.	agrees to conform to the Wisconsin Uniform Dwelling Code and City of Kiel
•	type of project, building materials being used and location of project, are building permit applications before approval of building inspector will be
WAITING PERIOD – NO CON AND SIGNED THIS BUILDING	NSTRUCTION MAY BEGIN UNTIL THE BUILDING INSPECTOR HAS APPROVE G PERMIT APPLICATION.
An approved and signed bu building permit.	ilding permit is not a guarantee against revocation or appeal of the
Cignatura:	Date: