City of Port Washington
Department of Building Inspection
100 West Grand Avenue
Port Washington, Wisconsin 53074
262-284-2600 Fax 262-2847669

Building Permit Application

Sprinkler Permit

New, Additions, Alterations, Repairs, Etc.

Job Location (identify exact address)			Zoning	**Permit #**
Owner's Name	Phone Number	Contact's Name		Phone Number
Owner's Address		City	State	Zip Code
Contractor's Name	Phone Number	Contact's Name		Phone Number
Contractor's Address		City	State	Zip Code
Designer's Name	Phone Number	Contact's Name		Phone Number
Designer's Address		City	State	Zip Code

New ☐	Alteration ☐	Addit. ☐	Sq. Ft. of Sprinklered Area	Building Classification	Occupancy Type	**Estimated Cost Of Work**

Description of work and/or additional information

Department Notes

Submittal Fee	
Review Fee	
Total Fees	

Permit Issued By	**Date**

I attest that the above information accurately describes the property and proposed work to be performed on it. I agree to comply with all City Of Port Washington and State of Wisconsin codes applicable to the occupancy and work stated above. I understand that any falsification or misinformation may result in penalties prescribed in the City of Port Washington ordinances.

Applicant's Signature	**Date**

DO NOT FAX COMPLETED PERMIT APPLICATION

If returning application by mail, include 3 copies. If a copy of issued permit is needed include a stamped addressed envelope or fax number.