



City of Port Washington
Department of Building Inspection

100 West Grand Avenue
Port Washington, Wisconsin 53074
262-268-4277 Fax 262-284-7669

Building Permit Application

1 & 2 Family Buildings

Additions, Alterations, Garages, Repairs, Etc.

Job Location (identify exact address)				Zoning	Permit#
Owner's Name		Phone Number	Contact's Name		Phone Number
Owner's Address <i>(If different from above)</i>			City	State	Zip Code
Contractor's Name		Phone Number	Contact's Name		Phone Number
Contractor's Address			City	State	Zip Code
Contractor's Financial Responsibility Number _____		Cont. Qualifier Name (Print) _____ Cont. Qualifier Number _____		State statues require that any work performed on a one or two family building must be performed by a contractor certified by the state.	
<input type="checkbox"/> Addition _____	<input type="checkbox"/> Fence _____	<input type="checkbox"/> Garage _____	<input type="checkbox"/> Sump _____		
<input type="checkbox"/> Alterations _____	<input type="checkbox"/> Fireplace _____	<input type="checkbox"/> Reroofing _____	<input type="checkbox"/> Windows _____		
<input type="checkbox"/> Deck _____	<input type="checkbox"/> Foundation Early Start _____	<input type="checkbox"/> Shed _____	<input type="checkbox"/> _____		
<input type="checkbox"/> Demolition _____	<input type="checkbox"/> Foundation Repair _____	<input type="checkbox"/> Siding _____	<input type="checkbox"/> _____		
Sq. Ftg. Exist. Bld.	Setback & Offsets	North	South	East	West
				Sq. Ftg. Under Const.	Estimated Cost Of Work
Additional Information					

Inspections are required before any work is concealed, when work is complete and prior to occupancy or use. It is the responsibility of permit holder to arrange with this office appointment times for the required inspections. Notification by fax or mail that work is complete is not acceptable. Reinspection fees will be charged.					
Department Notes					

Permit Issued By				Date	Permit Fee _____ Plan Review _____ Other _____
					Total Fees
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.					
Print Applicants Name		Applicants Signature		Date	
If owners signature, I acknowledge that I have read and understand the cautionary and statute statements on the last sheet of this form 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.					