



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

Commercial Building Construction

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 <input type="checkbox"/>	Alteration <input type="checkbox"/>	Addit. <input type="checkbox"/>	Sq. Ftg. Under Const.	Cu. Ftg. Of Entire Build.	Build. Classification	Occupancy Type	Sprinklered	Estimated Cost Of Work	
Description of work and/or additional information									
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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 telephone message, fax or mail that work is complete is not acceptable. For questions call.									
Department Notes									
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							Permit Fee _____ Plan Review Fee _____ Occupancy Fees _____		
Permit Issued By					Date		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.									
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.