

Please use Adobe Acrobat Reader to complete this form.

TOWN OF CAMPBELL PERMIT NO. _____
APPLICATION FOR BUILDING PERMIT

In order for us to process this application, the following information must be provided:

OWNER'S NAME: _____ TELEPHONE# _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

ADDRESS OF CONSTRUCTION: _____

ZONING: _____ LOT AREA: _____ (sq. ft.) EST. COST (w/o land) _____

SIZE & TYPE OF CONSTRUCTION: _____

CHECK OFF:

REQUIRED PLOT PLAN SUBMITTED SETBACKS ARE FROM PROPERTY LINE

ARE THERE ANY EASEMENTS, CONDITIONAL USES, OR VARIANCES ON YOUR DEED/TITLE WORK?

YES (IF YES, COPY MUST BE SUBMITTED WITH APPLICATION) NO

****IF USING MINIMUM SETBACKS****

**LOT STAKES MUST BE LOCATED OR THE TOWN RECOMMENDS A SURVEYOR
VERIFY EXACT LOCATION OF CONSTRUCTION BEFORE WORK IS COMMENCED**

FRONT: _____ (ft.) REAR: _____ (ft.) LEFT: _____ (ft.) RIGHT: _____ (ft.)

IF APPLICABLE: TYPE OF HEAT: _____ ELECTRIC SERVICE SIZE: _____
AIR CONDITIONED: YES NO FOUNDATION: MASONRY CONCRETE OTHER
CONSTRUCTION TYPE: SITE BUILT MANUFACTURED
NO. OF STORIES: 1 STORY 2 STORY OTHER _____

CONTRACTORS:

GENERAL: _____ PH # _____ EMAIL: _____

ADDRESS: _____ STATE CERT. # _____

FOUNDATION INSTALLER: _____

HEATING: _____

ELECTRICAL: _____

PLUMBING: _____

The applicant agrees to comply with the Wisconsin Administrative Codes and other Municipal Ordinances and with the conditions of this permit understand that the issuance of the permit creates no legal liability express or implied, on the Department of Inspection or this Municipality; and certifies that all the above information is accurate to the best of his/her knowledge.

PRINT APPLICANT NAME: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

(OWNER/AGENT)

PLEASE CALL **780-4672** TO SCHEDULE YOUR INSPECTION OR IF YOU HAVE ANY QUESTIONS