FOR NEW HOMES: YOU MUST CONTACT THE BUILDING INSPECTOR. DO NOT USE THIS FORM.

Town of Wescott
Building Inspector
127 S. Sawyer Street
Shawano WI 54166
Tele: 715-526-6150 Fax: 715-526-5751

Town of Wescott

BUILDING PERMIT APPLICATION

Permit No. _____

Permit Fee: $_____

Tax Key # _____

PROJECT LOCATION: _____
(Building Address)

PROJECT DESCRIPTION: _____

Owner's Name	Mailing Address-Include City & Zip	Telephone-Include Area Code
Construction Contractor (License No.)	Mailing Address-Include City & Zip	Telephone-Include Area Code
Plumbing Contractor (License No.)	Mailing Address-Include City & Zip	Telephone-Include Area Code
Electrical Contractor (License No.)	Mailing Address-Include City & Zip	Telephone-Include Area Code
HVAC Contractor (License No.)	Mailing Address-Include City & Zip	Telephone-Include Area Code

PROJECT TYPE:
☐ Addition ☐ Alteration ☐ Repair ☐ Raze ☐ Move ☐ Other _____
Garage: ☐ Attached ☐ Detached

AREA: Basement _____ Sq. Ft. Living Area _____ Sq. Ft.
Garage _____ Sq. Ft. Other _____ Sq. Ft.

TYPE: ☐ Single Family ☐ Two Family ☐ Commercial ☐ Other _____

STORIES: ☐1-Story ☐ 2-Story ☐ Other _____

ESTIMATE COST: $_____

Additional Information/comments: _____
_____
_____

The applicant agrees to comply with Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. **Call (715)526-6150**. Give at least 48 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ **DATE** _____

APPROVAL CONDITIONS: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State and Local Building and Zoning codes.

*** GRADE & SETBACKS** – RESPONSIBILITY OF OWNER/CONTRACTOR

*** ABIDING BY SUBDIVISION COVENANTS IS THE RESPONSIBILITY OF OWNER/CONTRACTOR**

*** PERMIT EXPIRATION**: Permit expires one year from the date of issuance.

*** DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.**

Permit Issued by Municipal Agent:		
Name:	Date:	Certification No.:

Office Use Only			
Ck#/cash:	*Date:*	*Receipt #:*	*Rec'd by:*