



819 SUPERIOR AVE
TOMAH, WI 54660
PHONE: 608-374-7429
SROLFF@TOMAHONLINE.COM

Permit # _____

GENERAL BUILDING PERMIT APPLICATION

BUILDING ADDITION ALTERATION/REMODEL DEMOLITION

PROJECT ADDRESS: _____

\$ COST OF PROJECT _____

INTENDED USE OF LAND AFTER DEMOLITION: _____
(Owner and contractor responsible for lawful containment, abatement and disposal of all hazardous materials)

DESCRIPTION OF WORK: _____

(PRINT) OWNER INFORMATION

INSPECTOR

Owner Name _____
Owner Address _____
Owner Phone _____

Zoning _____ No. of Stories _____
Commercial: Yes No Flood Plain: Yes No

Contractor Name _____
Contractor Address _____
Contractor Phone# _____
Mobile# _____

Dwelling Contractor Certification # _____
Dwelling Contractor Qualifier Certification # _____
DHS Lead Company Cert# _____
(If structure was built prior to 1978) Exp. Date _____

DO NOT CONCEAL ANY WORK WITHOUT FIRST RECEIVING INSPECTION APPROVAL. IT'S THE OWNER'S RESPONSIBILITY TO SEE THAT INSPECTION REQUESTS ARE CALLED IN TO INSPECTOR.

OK To Issue by: _____ Date: _____
FEES
Plan Review \$ _____
Permit Fees \$ _____
\$ _____
TOTAL FEE: \$ _____
Received By: _____ Check #: _____

It is hereby agreed between the applicant, as owner, owner's agent or servant, and the City of Tomah that for and in consideration for the premises and of the permit to construct, erect, alter, move, raze, or install and the occupancy of a building or property as above described, to be issued and granted by the Department of building and Inspections of the City of Tomah, that the work thereon will be done in accordance with the descriptions set forth in this statement, and as more fully described in the specifications and plans herewith file; and it is further agreed to construct, erect, alter, move, raze or install and occupy in strict compliance with the ordinances of the City of Tomah, and to obey any and all lawful orders of the Department of Building and Inspections of the City of Tomah and State of Wisconsin laws relating to the construction, alteration, repairs, removal and safety of buildings and other structures and permanent building equipment.

(PRINT) AGENT/CONTRACTOR NAME

(PRINT) OWNER NAME

Signature (Agent/Contractor) Date

Signature (Owner) Date