

BUILDING PERMIT

ProCheck Inspections, LLC
 N3587 County Road C
 Pulaski, WI 54162
 920-373-7598
 procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
 PLUMBING, ELECTRICAL OR HVAC

Permit No. _____
 Parcel No. _____
 Permit Fee _____
 Check No. _____
 Date: _____

Owner/Contractor _____
 Project Type _____ Phone Number _____
 Project Address _____
 Comments _____ Email _____

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage – Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage – Separate
<input type="checkbox"/> Remodel – Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel – Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ _____			

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension _____ 1 st Floor _____ Basement Area _____ 2 nd floor _____ Garage Area _____ 3 rd floor _____ No. Stories _____ Volume _____ Height _____ Total Area _____	Front _____ Main Bldg _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____
 Email _____
 Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) _____ Applicant (print) _____
 State DC # _____ State DCQ # _____ Approved by _____

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598