

BUILDING PERMIT APPLICATION
For Inspections call 920-392-5150 or Email
MSA_Buildinginspection@msa-ps.com



PERMIT NO:

PROPERTY TYPE:

OCCUPANCY TYPE:

SQUARE FOOTAGE:

ESTIMATED COST:

TAX KEY NO:

The undersigned hereby applies for a permit to do the work herein described and hereby agrees that all work will be done in accordance with all the laws of the State of Wisconsin and all the ordinances.

JOB ADDRESS:

OWNER NAME:

OWNER PHONE:

CONTRACTOR NAME:

LICENSE #:

ADDRESS:

PHONE:

EMAIL:

Work Consists of:

- ☐ Accessory Building
- ☐ Roof
- ☐ Siding/Windows
- ☐ Fence
- ☐ Alteration/Repair
- ☐ Deck
- ☐ Pool
- ☐ Electrical
- ☐ Plumbing
- ☐ HVAC
- ☐ Other

Comments/Additional Contractors/Work Description:

Applicant's Signature:

Date:

For Office Use

Check #:

Fees:

Inspector's Signature:

From:

Building: _____

Date Recv'd:

Electric: _____

Misc:

Plumbing: _____

HVAC: _____

Zoning: _____

Total: _____

Certification Number:

Date: