

Building Permit Application Sprinkler Permit

New, Additions, Alterations, Repairs, Etc.

Job Location (identify exact address)					Zoning	Permit #
Owner's Name	Dhou a Niverback	Court Nove			Dhara Nauch	
Owner's Name		Phone Number	Contact's Name			Phone Number
Owner's Address		City	City State		Zip Code	
Contractor's Name		Phone Number	Contact's Name			Phone Number
Contractor's Address		City		State	Zip Code	
Designer's Name		Phone Number	Contact's Name			Phone Number
Designer's Address			City	City State		Zip Code
New Alteration Addit.	w Alteration Addit. Sq. Ft. of Sprinklered Area		fication Occupand		у Туре	Estimated Cost Of Work
Description of work and/or additional information						
Department Notes						
					nittal Fee ew Fee	
Permit Issued By		Date Total Fees				
I attest that the above information accurately describes the property and proposed work to be performed on it. I agree to comply with all City Of Port Washington and State of Wisconsin codes applicable to the occupancy and work stated above. I understand that any falsification or misinformation may result in penalties prescribed in the City of Port Washington ordinances.						
Applicant's Signature						Date



CITY OF PORT WASHINGTON | DEPARTMENT OF INSPECTIONS & ZONING ADMINISTRATION

Gary Peterson, Director of Inspection & Zoning Administration

Sprinkler Plan Submittal

When applying for Sprinkler Plan review, please submit three (3) sets of plans directly to:

Malek & Associates 3560 S Iowa Ave. St Francis WI 53235 414-483-0100

After review and approval, all three (3) sets of <u>stamped</u> plans will be returned to you. Upon **receiving your approved plans** back, make corrections and submit;

two (2) sets of stamped plans & 2 sets of revised plans, a sprinkler application form and a check for the permit fee plus plan review fee.

**The permit fee is \$55 plus the plan review fee from Malek & Associates. Call the Building Inspection Department for the total dollar amount before submitting the plans and permit.

Please make check payable to City of Port Washington and mail to:

City of Port Washington
Inspection Department
100 W. Grand Ave
Port Washington WI 53074

Phone 262-268-4277 **Fax 262-284-7669**

e-mail address: gpeterson@ci.port-washington.wi.us

If you have any questions regarding submittals, please contact me at the above number.

Thank you.