



Building Permit Application
1 & 2 Family Buildings
 Additions, Alterations, Garages, Repairs, Etc.
 www.cityofportwashington.com

City of Port Washington
 Department of Building Inspection
 100 W Grand Ave – PO Box 307
 Port Washington, Wisconsin 53074
 262-268-4277 Fax 262-284-7669

Job Location (identify exact address)			Zoning	Permit#			
Owner's Name	Phone Number	Contact's Name		Phone Number			
Owner's Address <i>(If different from above)</i>		City	State	Zip Code			
Contractor's Name	Phone Number	Contact's Name		Phone Number			
Contractor's Address		City	State	Zip Code			
Dwelling Contractor Number _____	Cont. Qualifier Name (Print) _____ Cont. Qualifier Number _____		State statues require that any work performed on a one or two family building must be performed by a contractor certified by the state.				
<input type="checkbox"/> Addition _____	<input type="checkbox"/> Fence _____	<input type="checkbox"/> Garage _____		<input type="checkbox"/> Sump _____			
<input type="checkbox"/> Alterations _____	<input type="checkbox"/> Fireplace _____	<input type="checkbox"/> Reroofing _____		<input type="checkbox"/> Windows _____			
<input type="checkbox"/> Deck _____	<input type="checkbox"/> Foundation Early Start _____	<input type="checkbox"/> Shed _____		<input type="checkbox"/> _____			
<input type="checkbox"/> Demolition _____	<input type="checkbox"/> Foundation Repair _____	<input type="checkbox"/> Siding _____		<input type="checkbox"/> _____			
Sq. Ftg. Exist. Bld.	Setback & Offsets	North	South	East	West	Sq. Ftg. Under Const.	Estimated Cost Of Work

Additional Information

Inspections are required before any work is concealed, when work is complete and prior to occupancy or use. It is the responsibility of permit holder to arrange with this office appointment times for the required inspections. **Notification by fax or mail that work is complete is not acceptable. Reinspection fees will be charged.**

Department Notes

Permit Fee	_____
Plan Review	_____
Other	_____

Permit Issued By	Date	Total Fees	
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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.

Applicants Signature	Print Applicant's Name	Date
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If owners signature, I acknowledge that I have read and understand the cautionary and statute statements on the last sheet of this form

DO NOT FAX COMPLETED PERMIT APPLICATION
If a copy of issued permit is needed include a stamped addressed envelope.