



Building Permit Application Commercial Building Construction

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

New, Additions, Alterations, Repairs, Etc.

| | | | | | |
|---|-----------------------------|-------------------------|-----------------|-------------------------------|--------------|
| Job Location (identify exact address) | | | | Zoning | Permit # |
| Owner's Name | | Phone Number | Contact's Name | | Phone Number |
| Owner's Address | | | 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 | State | Zip Code |
| Sq. Ftg. Under Construction | Cu. Ftg. Of Entire Building | Building Classification | Occupancy Types | Estimated Cost Of Work | |
| Description of work being done: _____ _____ _____ _____ _____ | | | | | |
| Department Notes _____ _____ _____ _____ _____ _____ _____ _____ | | | | | |
| | | | | Permit Fee | _____ |
| | | | | Plan Review Fee | _____ |
| | | | | Occupancy Fees | _____ |
| 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 | | | | Print Name | Date |

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