Application For Building Permit

# Manufactured or Relocated Home

City of Chilton, 42 School Street, Chilton, WI 53014 Phone: (920)849-2451 Fax: (920) 849-2025

Permit Application No. _____ Today's Date: _____

Tax Parcel I.D. No. (30 digits) _____ **or** Location I.D. # (5 digits) _____

**Owner of Property** _____

Mailing Address _____

Phone No. _____

**Project Location (Building Address)** _____

Square Feet of Project _____
Cubic Feet of Project _____
Estimated Cost of Project _____
Describe Project Type_____
_____
_____

## Building Permit

**Contractor's Name** _____ License/Certification No. _____

Mailing Address _____

Phone No. _____

## Plumbing Permit

**Contractor's Name** _____ License/Certification No. _____

Mailing Address _____

Phone No. _____

## Electrical Permit

**Contractor's Name** _____ License/Certification No. _____

Mailing Address _____

Phone No. _____

## HVAC Permit

**Contractor's Name** _____ License/Certification No. _____

Mailing Address _____

Phone No. _____

## Fee Schedule

| | | |
|---|---|---|
| Base Fee | $200.00 | |
| Electrical Service | $50.00 | |
| Electrical | $100.00 | |
| Plumbing | $100.00 | |
| Erosion Control | $50.00 | |
| State of WI Stamp | $33.00 | |
| Inspection Mileage Fee | $25.00 | |
| Plus IRS Standard Mileage Fee | miles @ _____Mile | |
| **TOTAL** | | |

## Inspections Required

_____ Rough-In
_____ Footings
_____ Foundation
_____ Plumbing
_____ Electric Service
_____ Erosion Control
_____ Insulation
_____ Final

Signature of Property Owner _____ Date
or
Signature of Contractor _____ Date

Conditionally Approved By City Building Inspector_____ Date

Conditions of Approval:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Permit Denied By City Building Inspector _____ Date

Reason for Denial: _____
_____
_____
_____

Paul Birschbach, Building Inspector
City of Chilton
42 School Street
Chilton, WI 53014
Phone: (920)849-2451 Ext. 304
Fax: (920(849-2025
Cell: (920)378-2857

Office Use Only:

SBD-5823 NOT required

**Relocating Home To Location Outside City*** - Wrecking Permit Only

**Relocating Home Already In The City To Another Location Within The City*** - Wrecking Permit & Relocated Home Permit

**Relocating Home From Outside City To Within The City*** - Relocated Home Permit

***Must comply with Chapter 16, Section 16.05 (13) (a) through (e)***

mount Paid _____ Receipt No. _____ By _____

Application fees are nonrefundable. Please be advised that this application is public information.

Rear Lot Line

**REAR YARD**

L
o
t

L
i
n
e

**SIDE YARD**

L
o
t

L
i
n
e

**SIDE YARD**

Lot Line

Right-Of-Way

_____

**Street Name**

Fill in the dimensions on the plat above and locate any accessory buildings.

Conditions of Approval.

_____
_____
_____
_____
_____
_____
_____
_____