

APPLICATION FOR PERMIT  
 CITY OF SHEBOYGAN FALLS  
 P.O. BOX 186, 375 BUFFALO STREET  
 SHEBOYGAN FALLS, WI 53085-0186  
 PHONE: 920-467-7900, Ext. 5    FAX: 920 467-2847

DATE: \_\_\_\_\_

**OWNERS NAME:**(Please print) \_\_\_\_\_

**ADDRESS WHERE WORK IS TO BE DONE:** \_\_\_\_\_

**Telephone #'s:**      Daytime: \_\_\_\_\_      Evening: \_\_\_\_\_

**FOR USE AS:**       **RESIDENTIAL**       **COMMERCIAL**

**TYPES OF PERMITS BEING APPLIED FOR:**

BUILDING       ELECTRICAL       PLUMBING       HVAC  
 FENCE       WRECKING       MOVING       OTHER \_\_\_\_\_

DESCRIBE WORK TO BE DONE : \_\_\_\_\_  
 \_\_\_\_\_

Was building constructed prior to 1978? Yes ___ No ___ If Yes, fill in appropriate DHS area.		
DHS Lead Renovator Certificate # _____	Expiration Date ___/___/___	
DHS Lead Company Certificate # _____	Expiration Date ___/___/___	

**CONTRACTOR'S NAMES: Fill in all that apply.**

**Contractors must supply to us copies of their Certificate of Insurance and State qualifier cards.**

BUILDING CONTRACTOR:	Phone #	Est. Cost: \$
PLUMBER:	Phone #	Est. Cost: \$
ELECTRICIAN:	Phone #	Est. Cost: \$
HVAC (Air, Heat):	Phone #	Est. Cost: \$

**WORK BY OWNER?    Owner's Estimated Materials Cost \$** \_\_\_\_\_

ANTICIPATED STARTING DATE: \_\_\_\_\_

PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE.

<p><b>THE INSPECTORS ARE TO BE NOTIFIED FOR INSPECTIONS.</b>  <b>City Building Inspector: Ken Sonntag 920-467-7900. Ext. 5</b>  <b>Electrical &amp; Commercial Inspector: Pete Scheuerman 920-526-2200</b></p>
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The undersigned hereby applies for a permit to do the work herein described; agrees to comply with the Municipal Ordinances and conditions of this permit; understands that issuance of this permit creates no legal liability either expressed or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all of the above information is accurate.

Signature of Applicant: \_\_\_\_\_      Date: \_\_\_\_\_