

Village of Whitefish Bay  
 5300 N Marlborough Dr.  
 Whitefish Bay, WI 53217  
 Phone 414-962-6690  
 Fax 414-962-5651

# Building Permit

|           |
|-----------|
| Permit #  |
| Tax Key # |
| ARC #     |
| Zoning #  |
| EC #      |
| Demo #    |

**Project Address** \_\_\_\_\_

Project Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Project Description \_\_\_\_\_ DC # \_\_\_\_\_

Contractor Name \_\_\_\_\_ DCQ # \_\_\_\_\_

Contractor Phone # \_\_\_\_\_ Email \_\_\_\_\_

Contractor Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

The applicant agrees to comply with the Municipal Ordinance and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied of the Department, Municipality, or Inspector; and certifies that the above information is accurate. Please have permit number and address when requesting inspections. Call 414-962-6690. Give at least 24 hours notice on all inspections. Permit expires per Chapter 11-1 I.

**Please provide the name and phone number of the sub-contractors (if chosen)**

Electrical Contractor and Phone Number \_\_\_\_\_

Plumbing Contractor and Phone Number \_\_\_\_\_

HVAC Contractor and Phone Number \_\_\_\_\_

| Area Involved (sq. ft.) | ALL FEES NON-REFUNDABLE                    |   |
|-------------------------|--|---|
| Basement _____          | Minimum <b>Residential</b> Permit Fee..... | \$80  |
| 1st Floor Living _____  | Minimum <b>Commercial</b> Permit Fee.....  | \$150   |
| 2nd Floor Living _____  | Sign Permit Fee (per sign).....            | \$50  |
| Garage _____            | Missed Appointment Fee.....                | \$50  |
| Other _____             | Re-Inspection Fee.....                     | \$50  |
| <b>Total</b> _____      | Failure to call for Inspection.....        | \$50  |
|                         |  | <b>Estimated Cost</b><br>(Entire Project Including Mechanicals)<br>Permit fee is \$10/\$1000 of cost<br>copy of contracts may be required |
|                         |  | \$ _____  |

**4x/6x fee for work started prior to permit issuance**

**Conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Permit Fee       | Permit Issued By Municipal Agent                  | Permit Expires in               |
|------------------|---|---------------------------------|
| ARC Review _____ | Name _____<br>Date _____<br>Certification # _____ | 6 Months <input type="radio"/>  |
| Zoning _____     |   | 18 Months <input type="radio"/> |
| EC _____         |   | 24 Months <input type="radio"/> |
| Demo _____       |   |                                 |
| Permit _____     |   |                                 |
| Total _____      |   |                                 |