

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 Residential Permit Fee.....	Estimated Cost (Entire Project Including Mechanicals) Permit fee is \$10/\$1000 of cost copy of contracts may be required \$ _____
1st Floor Living _____	Minimum Commercial Permit Fee.....	
2nd Floor Living _____	Sign Permit Fee (per sign).....	
Garage _____	Missed Appointment Fee.....	
Other _____	Re-Inspection Fee.....	
Total _____	Failure to call for Inspection.....	

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

Conditions: _____

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