

FOR OFFICIAL USE ONLY

Permit No. _____

Approved by: _____

Tax Key No. _____

Date Issued: _____

City of Hartford / 109 N. Main Street, Hartford, WI 53027 / 262-673-8277

Residential Building Permit

Please Print or Type

Address of Work: _____

Owner & Address: _____

Owner Phone: _____ Fax: _____ E-Mail: _____

Building/Dwelling Contractor Certification # _____ Qualifier #: _____

Contractor Name : _____

Contractor Address: _____

Contractor Phone: _____ Fax: _____ E-Mail: _____

Kind of Building: _____ Wood Frame _____ Masonry _____ Steel _____ Other

PERMIT FOR: _____

PERMIT HOLDERS/APPLICANTS: The undersigned applies for a permit to do work described according to the filed plans and specifications, and located as shown on the attached plot plan. the undersigned agrees that the work will be done in accordance with the description, plans, and specifications in compliance with the building code, zoning ordinance and all other ordinances of the City and requirements of the State of Wisconsin, applicable to the premises. The undersigned further applies for a permit to occupy the premises for the uses and purposes as set forth in strict accordance with all the provisions of the City zoning ordinance and all other ordinances of the City, Washington County and State of Wisconsin, applicable to the premises. The undersigned agrees that the premises will not be occupied until ordinance has been approved by the City Building Inspector. The undersigned agrees to call for all required inspections, allowing up to 2 business days for inspection before proceeding.

Estimated Valuation: _____

Owner/Contractor Signature _____

OFFICIAL USE ONLY

Zoning Review Required? _____ Approved? _____

Permit Fee (Account Number 100.240.440000.44250): _____ (Please note: \$55.00 minimum)

Property Records: Maintenance Fee (100.135.443900.44390): _____

Processing Fee (Account Number 100.125.46110.46112): _____ \$15.00

Technology Fee: 100.240.440000.44440 \$5.00 **SUBTOTAL:** _____

Work Started Without Permit (100.240.440000.44250) _____

Total Fee: _____