

1810 CREST VIEW DRIVE #1C HUDSON, WI 54016 OFFICE@ALLCROIX.COM 715.377.2152

RESIDENTIAL BUILDING PERMIT APPLICATION

Instructions: Print all information in ink. Completely fill out. Applications with missing information are considered incomplete and cannot be accepted. Please allow 10 business days for permit processing.

| PROJECT LOCATION | | | | SETBACKS | |
|--|--------------|---|--|---|--------------------------------|
| Street Address: | | | | Distance from Pool to: | |
| City: | | State: | Zip: | Septic System:ft Pov | ver Lines: |
| Municipality: City Town Village of | | | | i vearest strattarert | Overheadft |
| OWNER INFORMATION | | | | Lot Lines: North ft | Undergroundft |
| Name: | | | | Eastft We | ll:ft |
| Mailing Address: | | | | West ft | |
| City: | | State: | Zip: | Southft | |
| Phone: Phone 2: | | | | | |
| Email: | | | | APPLICANT'S STATE | MENT |
| CONTRACTOR INFORMATION | | | | I acknowledge that work under this permit is subject to inspection and shall cooperate with building inspector or an authorized agent to permit | |
| Company: Contact: | | | | | |
| Street Address: | | | | any such inspections during reasonable hours. Building Inspectors or | |
| City: | | State: | Zip: | their agents will have proper ID. I am the property owner of the above descr | ihed property and certify that |
| Email: | | | | the information provided on this form is complete and accurate and hereby agree to comply with all applicable codes and ordinances of the municipality in which the project is located and the State of Wisconsin and any conditions attached hereto. | |
| Phone: Phone 2: | | | | | |
| Dwelling Contractor License: | | | EXP: | | |
| Contractor Qualifier License: | | | EXP: | | |
| MASTER ELECTRICIAN INFORMATION | | | | Property Owner Signature | Date |
| Company Name: | | | | | |
| Master Electrician Name: | | | | Print Name | |
| Street Address: | | | | I am the contractor for the above described project and certify that I | |
| City: | | State: | State: Zip: have entered into an agreement with the property owner to | | |
| Email: | | | | such work and that all information provided is accurate. I hereby agree to comply with all applicable codes and ordinances of the municipality in | |
| Phone: Phone 2: | | | | which the property is located and the state of Wisconsin and any conditions attached hereto. | |
| Electrical Contractor License: | | | EXP: | | |
| Master Electrician License: | | | EXP: | | |
| POOL DESCRIPTION | | | | Contractor Signature | Date |
| Select One: | | Select All App | olicable: | Print Name | |
| | Above Ground | Lockal | ole cover | Fint Name | |
| | In Ground | Fence | | | |
| *Oak Grove Towns. requirements on w | | hip requires fence-see ww.allcroix.com | I understand that it is my responsibility as the applicant to ensure all inspections are completed and approved, | | |
| Construction: | | Complete Info | Below: | (including the final inspection) before the pool is used. Failure to do so may result in daily fines and citations per | |
| Fiberglass | | Capacity:gallons | | municipal ordinance. | |
| Metal Panels w/Liner | | Diameter:ft | | | |
| Concrete | | Height Above Gro | ound:in | Applicant Signature | Date |
| Other | | | | | |
| COST OF PROJECT | | | | Drint Nove | |
| \$ | | | | Print Name | |