

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

RESIDENTIAL OUTBUILDING/ACCESSORY 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				USE OF STRUCTURE (Example: parking cars or machinery, storage of ?)			
Street Address:							
City: St		ate:	e: Zip:				
Municipality:							
OWNER INFORMATION				SETBACKS (Required) FRONT of property is where driveway meets road, Actual distance from structure to lot lines or road			
Name:							
Mailing Address:				Front:	${f ft}$ from the	CENTERLINE	PROPERTY LINE
City:	Sta	ate:	Zip:	Rear:	ft from the	CENTERLINE	PROPERTY LINE
Phone: Phone 2:			Left:	ft from the	CENTERLINE	PROPERTY LINE	
Email:				Right:	ft from the	CENTERLINE	PROPERTY LINE
CONTRACTOR INFORMATION				1			
Company: Contact:				COST OF PROJECT			
Street Address:				\$			
City: Stat		ate:	Zip:	APPLICANT'S STATEMENT			
Email:	I		1	Check ONE:			
Phone: Phone 2:				I am the property owner/occupant of the above described property			
Dwelling Contractor License:			EXP:	and certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable codes and			
Contractor Qualifier License:			EXP:	ordinances of the municipality in which the project is located and the			
PROJECT DETAILS				1	Wisconsin and any con		-
Type of Structure (Choose One:) Size of Structure:			that work under this permit is subject to inspection and shall cooperate with building inspector or an authorized agent to permit any such				
Accessory Building		Length: ft		inspections during reasonable hours. I acknowledge that I am			
Detached Garage		Width:	ft	responsi	ble for ensuring compl	iance with State a	and municipal codes.
Pole Shed		Wall Height: ft		I am the	properly credentialed	WI Contractor fo	r the above described
Pre-Fab Garden/Utility Shed				project and certify that I have entered into an agreement with the			
Other				property owner to perform such work and that all information provided is accurate. I hereby agree to comply with all applicable codes			
Answer all:					•	•	property is located and
1. Will this structure have electric? Yes-Now Yes-Roughed in for Future No				the state of Wisconsin and any conditions attached hereto. I acknowledge that work under this permit is subject to inspection and shall cooperate with building inspector or an authorized agent to			
res-Now res-Roughed in for Future No							
2. Will this structure have any plumbing (sink, toilet etc.?) Yes-Now Yes-Roughed in for Future No				permit a	any such inspections du	uring reasonable I	hours.
Tes-Now Tes-Nou	gilea il loi Fu	luie	NO				
*3. Will this structure have in-floor heat?							
Yes-Now Yes-Roughed in for Future			No		Applicant's Signature		Date
*Please note: R15 frost protection required for in-floor heat.					Print Name		
4. Will this structure have a heat source other than in-floor heat?							
Yes-Now Yes-Roughed in for Future			No		Offic	e Use	
				Platted Develop	oment CSM NA	N	
**5 . Will this structure be insulated? Yes		No	Development Name	and Lot #	0		
				Cothooke Nated		t	
**Please note: SPRAY FOAM MUST	he covered b	v 1/2" ch	eetrock 1/2" OSB	Setbacks Noted:		S	
or 1/2" plywood		∥ ✓	-				
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