



1810 CREST VIEW DRIVE #1C
 HUDSON, WI 54016
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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:	State: Zip:	
Municipality:		
OWNER INFORMATION	SETBACKS (Required) <small>FRONT of property is where driveway meets road, Actual distance from structure to lot lines or road</small>	
Name:		
Mailing Address:		
City:		State: Zip:
Phone:		Phone 2:
Email:		
CONTRACTOR INFORMATION	COST OF PROJECT \$	
Company:		Contact:
Street Address:		
City:		State: Zip:
Email:		
Phone:	Phone 2:	
Dwelling Contractor License:	EXP:	
Contractor Qualifier License:	EXP:	
PROJECT DETAILS	APPLICANT'S STATEMENT <i>Check ONE:</i> I am the property owner/occupant of the above described property and certify that 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. I acknowledge that work under this permit is subject to inspection and shall cooperate with building inspector or an authorized agent to permit any such inspections during reasonable hours. I acknowledge that I am responsible for ensuring compliance with State and municipal codes. I am the properly credentialed WI Contractor for the above described project and certify that I have entered into an agreement with the property owner to perform such work and that all information provided is accurate. I hereby agree to comply with all applicable codes and ordinances of the municipality in which the property is located and 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 permit any such inspections during reasonable hours. <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> _____ Applicant's Signature </div> <div style="text-align: center;"> _____ Date </div> </div> <div style="text-align: center; margin-top: 10px;"> _____ Print Name </div>	
<i>Type of Structure (Choose One:)</i>		
<i>Size of Structure:</i>		
Accessory Building		Length: ft
Detached Garage		Width: ft
Pole Shed		Wall Height: ft
Pre-Fab Garden/Utility Shed		
Other _____		
<i>Answer all:</i>		
1. Will this structure have electric? Yes-Now Yes-Roughed in for Future No		
2. Will this structure have any plumbing (sink, toilet etc.)? Yes-Now Yes-Roughed in for Future No		
*3. Will this structure have in-floor heat? Yes-Now Yes-Roughed in for Future No		
*Please note: R15 frost protection required for in-floor heat.		
4. Will this structure have a heat source other than in-floor heat? Yes-Now Yes-Roughed in for Future No		
**5. Will this structure be insulated? Yes No		
**Please note: SPRAY FOAM MUST be covered by 1/2" sheetrock, 1/2" OSB or 1/2" plywood		
Office Use	N o t e s	
Platted Development CSM NA		
Development Name and Lot # _____		
Setbacks Noted: _____ ✓ _____		