



1810 CREST VIEW DRIVE #1C  
 HUDSON, WI 54016  
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 715.377.2152

## RESIDENTIAL ADDITION 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		BRIEF DESCRIPTION OF WORK		
Street Address:				
City:	State:			Zip:
Municipality:				
OWNER INFORMATION				
Name:				
Mailing Address:				
City:	State:			Zip:
Phone:	Phone 2:			
Email:				
CONTRACTOR INFORMATION				
Company:	Contact:			
Street Address:				
City:	State:	Zip:		
Email:				
Phone:	Phone 2:			
Dwelling Contractor License:		EXP:		
Contractor Qualifier License:		EXP:		
TYPE OF PERMIT REQUESTED		COST OF PROJECT		
<p><b>Check All That Apply</b></p> <p><b>EXAMPLE:</b> Pole Shed with working lights</p> <p><input checked="" type="checkbox"/> Construction</p> <p><input checked="" type="checkbox"/> Electricity</p>	<p>Construction</p> <p>Electrical</p> <p>HVAC</p> <p>Plumbing</p> <p>Erosion Control</p> <p>Other _____</p>	\$		
PROJECT TYPE		APPLICANT'S STATEMENT		
<p>Addition _____SF (Check All that Apply)</p> <p>Attached Garage</p> <p>Bathroom _____SF</p> <p>Bedroom _____SF</p> <p>Living Room</p> <p>Kitchen _____SF</p> <p>Other _____</p> <p>Deck _____SF</p> <p>New Foundation under existing structure</p>	<p>Accessory Building (Choose One: )</p> <p>Detached Garage _____SF</p> <p>Pole Shed _____SF</p> <p>Garden/Utility Shed _____SF</p> <p>Other _____</p>	<p><b>Check ONE:</b></p> <p>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.</p> <p>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.</p>		
SETBACKS (Required)		<p>_____ Applicant's Signature</p> <p>_____ Date</p> <p>_____ Print Name</p>		
FRONT of property is where driveway meets road, Actual distance from structure to lot lines or road				
Front:	ft from the	Left:	ft from the	
Rear:	ft from the	Right:	ft from the	