



APPLICATION FOR ALTERATION / IMPROVEMENT PERMIT

City Staff Use Only: PARCEL # _____ ZONING CLASS _____
DATE _____ PERMIT # _____ FEE _____

Property Address: _____

Applicant Information: Name: _____

Address: _____ Phone: _____

Owner Information: (If different than applicant) Name: _____

Address: _____ Phone: _____

Proposed Alterations / Improvements: (Provide a complete list of all alterations/improvements intended to be covered by this permit)

Contractor Information: Name: _____

Address: _____ Phone: _____

WI Dwelling Contractor (DC) # _____ WI Dwelling Contractor Qualifier (DCQ) # _____

(Check all that apply) Roof Permit \$25 _____ Same Size Window Replace _____ Siding _____

Sheds 100 Sqft or Less _____ Remodeling with No Structure Changes _____

All work performed under this permit must comply with all applicable state codes and statutes and with all municipal ordinances, whether it is performed by a contractor or the property owner.

What is the approximate cost of the project: _____

Certification by Applicant: I hereby certify that the above and foregoing information, including any information on attached forms or drawings, is true and correct. I will notify the City if any changes or modifications are made related to this application. I understand that the building and work described above shall conform with all applicable City Ordinances and State Building Codes. I understand that no structure may be placed within the limits of a street right-of-way or floodway/flood plain as shown on the official City map.

Applicant _____ Date _____

PERMIT ISSUANCE:

This permit is hereby issued only for the improvements listed above.

City Staff _____ Date _____