



Village of Summit
 2911 N. Dousman Road
 Summit, WI 53066
 For inspection call: (262) 490-4141
 Email: villageofsummit@att.net

Date _____

Building Permit # _____

Tax Key # _____

Phone () _____

Application For Building Permit

Name _____

Address _____

Contractor _____ Phone () _____

Address _____

D.C. Contractor # _____ D.C. Qualifier # _____

Project Location _____

Project Description _____

Zoning District _____	Recert:	Footing Hgt.	Bond:	Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.
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Inspector Signature _____ Zoning Permit # _____

Permit Fees	No refunds on permits	Quantity	Fee
RESIDENTIAL - 1 and 2 Family			
Remodel/Addition	- \$8.00 per M of valuation / \$100 minimum.....		
Accessory Building	- Up to 150 sq. ft. - \$60.00.....		
	- 150 - 600 sq. ft. - \$100.00.....		
	- Over 600 sq. ft. -\$0.30/sq.ft.....		
COMMERCIAL - INDUSTRIAL			
New Building/Remodel/Addition	- \$8.00 per M of valuation / \$100 minimum.....		
AGRICULTURAL BUILDINGS			
New Building	- \$0.25/sq. ft. all areas for inspection fees.....		
Remodel/Addition	- \$8.00per M of valuation / \$100 minimum.....		
MECHANICAL & MISCELLANEOUS			
Decks, each	- \$100.00.....		
Special Inspections	- \$75.00/hr.....		
PERMIT TO START CONSTRUCTION OF FOOTINGS & FOUNDATION			
Residential	- \$100.00.....		
Commercial - Industrial	- \$200.00.....		
PLAN REVIEW	- \$		
OTHER	- \$		
Double fees shall be charged if work is started before permit is issued.....			

Permit Expires _____

Valuation: \$ _____ Ck # _____ Rec.'d by _____ Date Rec'd ___ / ___ / ___ TOTAL FEES: \$ _____

CONDITIONS OF APPROVAL: Does not include electrical or any other permits. _____

The applicant agrees to comply with the Wisconsin UDC/IBC and other Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, on the Department, or Municipality; and certifies that all the above information is accurate. Failure to call for Final Inspection will result in an \$100 Fee/Penalty.

SIGNATURE OF APPLICANT _____ **DATE** _____