

Property Address: \_\_\_\_\_ Owner Telephone: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Owner Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_ Company Contact Name: \_\_\_\_\_

License/Certification #: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Permit Requested Check all that apply	Project Value	Contractor Name Telephone Number	Contractor Number	Master Plumber/Electrician Number
<input type="checkbox"/> Building	\$ _____	_____	n/a	_____
<input type="checkbox"/> HVAC	\$ _____	_____	_____	_____
<input type="checkbox"/> Electrical	\$ _____	_____	_____	_____
<input type="checkbox"/> Plumbing	\$ _____	_____	_____	_____
<input type="checkbox"/> Fire Alarm	\$ _____	_____	_____	_____
<input type="checkbox"/> Fire Suppression	\$ _____	_____	_____	_____
<input type="checkbox"/> Elevator	\$ _____	_____	_____	_____
<input type="checkbox"/> Erosion Control (submit <a href="#">Erosion Control Application</a> )				

**\*Submit State Approved Plans for all applicable requested permits**

**Description of work being done:**

This application states the Building Inspector Requirements. Below are other departments that may require additional information:

- Public Works
- Community Planning & Development
- Water & Sewer

**Please submit a Plot Plan and State approved Building Plans (one set) with the application**

The applicant agrees to comply with the Wisconsin Administrative Codes and the City of Platteville General Ordinances and understands that the issuance of the permit creates no legal liability, expressed or implied, on the City of Platteville. The applicant certifies the information is accurate. The applicant agrees to allow the Building Inspector and Fire Department personnel the right to inspect the property for code compliance during normal business hours. The applicant states they have the property owner's authority to execute this agreement and permit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Application Filed: \_\_\_\_\_ Fee Paid/Receipt #: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Parcel Number: \_\_\_\_\_