

ZONING DISTRICT

**CITY OF SHULLSBURG
PERMIT APPLICATION**

PERMIT NUMBER

SEE INSTRUCTIONS ON BACK

PERMIT APPLICANT			
OWNER NAME		Street Address	
City	State	Zip Code	Telephone No. (Include area code)
PROJECT LOCATION		CONTRACTORS INFORMATION	
Building Address		Parcel No.	Contractors Name
			Phone #
Project Descriptions			
1. PROJECT TYPE		2. TYPE OF REPAIR	
<input type="checkbox"/> 1 Residential	<input type="checkbox"/> 2 Nonresidential	<input type="checkbox"/> New Building <input type="checkbox"/> Addition	<input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolish <input type="checkbox"/> Other:
3. PERMIT REQUESTED FOR		4. FOUNDATION	
<input type="checkbox"/> Building <input type="checkbox"/> Electric	<input type="checkbox"/> Plumbing <input type="checkbox"/> Foundation	<input type="checkbox"/> Heating <input type="checkbox"/> Other	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other (specify):
5. AREA		6. ESTIMATED BUILDING COST	
Total Living area =		Square Feet	\$
7. NEW BUILDINGS ONLY		8. ESTIMATED DATE PROJECT TO START	
# Of BedRooms	# OF Baths	Date:	
<p>I certify that all the information set forth on this form is complete and accurate and hereby agree to comply with all applicable codes of the City of Shullsburg. I understand that onsite construction inspections may be performed by the municipality Zoning Administrator, but that the Uniform Dwelling Code, Chapters Comm. 20-25, still applies to all new 1- and 2-family dwellings and must be complied with. I understand that the issuance of this permit does not relieve me of compliance with other applicable codes and ordinances.</p>			
Applicant's Signature		Date Signed	
BEFORE ISSUEING A BUILDING PERMIT THE ZONING ADMINISTRATOR MUST COMPLETED THIS SECTION.			
Zoning Administrator Comment:			
THIS PERMIT DOES NOT INCLUDE WORK ON OR OVER CITY PROPERTY		UPON SINGNATURE OF AN AUTHORIZED AGENT FOR AND OF THE CITY OF SHULLSBURG, THIS BECOMES A PERMIT TO PERFORM THE ABOVE DESCRIBED WORK IN ACCORDANCE WITH ALL EXISTING LAWS AND REGULATIONS AND ATTACHED CONDITIONS, INSPECTION MAY BE REQUIRED.	
FEES:		DATE ISSUED:	
		Zoning Administrator Signature	

INSTRUCTIONS

The owner, builder or agent shall complete and provide all required information on the application form down through the Signature of Applicant block. This data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local administration. After completing this application, submit it to the Shullsburg City Office. Plan review or building inspections may be performed by the Zoning Administrator.

PERMIT REQUESTED:

- Fill in Owners name and address. This is owner's address of the property.
- Fill in Project Location. This is the address that the work will be performed at

PROJECT DATA:

- Fill in all numbered project data blocks (1-8) with the required information. All data blocks must be filled in, including the following:

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1. **Project Type** - Check only "1-Residential" or "2-NonResidential" if that is what is being built. In other words, do NOT use this form if you are applying for a special permit.
 2. **Type of Repair** – Check type of repair you are doing (1)- if it's a **New Building**, (2)- if your adding a **Addition** (3)- Check **Repair** if your just repairing/Replacing (4)- If you are making **Alteration** to the current Building design. (5) **Demolish** is if your tearing down. (6) **Other** is for all else.
 3. **Permit Requested for**. This is for what you are working on like a New Service you would be being checking the **Electric Box**. If you just building then check the **Building Box**. If you are working on more then one Item then check all that applies.
 4. **Foundation** – This is mostly for New Homes unless you are working on your current Foundation then check which applies.
 5. **Living Area** - Include any finished area including finished areas in basements. For two-family dwellings, include total combined areas. This is in Square Feet (Mostly New Building) (Size Wide ___Feet x Size Long ____Feet = ____Sq Feet)
 6. **Estimated Cost** - Include the total cost of construction, but not cost of land or landscaping.
 7. **New Buildings Only**. Use when you put up a New House or if you are Add on a new Bedroom or new Bath Room
 8. **Estimated Date Project to Start**. This is for the Administrator Knows when to issue the permit. **(Remember you Must have a Permit on the property before any work is started).**
- Applicant's Signature:** This is for the Signature of the person that is requesting the permit (**Must be the Owner of the property**).
- Sign and date application form.

ISSUING JURISDICTION - This must be completed by the ZONING ADMINISTRATOR.

- This is the **Comment** area from the Zoning Administrator.
- This is for the **Fees** charged to the land Owner.
- This is for the Zoning Administrator to Sign making this permit good then the Zoning Administrator will date this application the day the permit was issued.