

TOWN of HARTFORD
3360 HWY K
HARTFORD, WI 53027
Ph.(262)673-7214 Fax (262)673-7066

Permit # _____

Building Permit Application

Date _____

Owner's Name	Mailing Address, City, State, Zip Code
Project address	Owner's phone #, include area code
Contractor's name	Contractor's Mailing address, city, state, zip code
Contractor's Dwelling Contractor (DC) #-	Phone #, include area code Fax #
Dwelling Contractor Qualifier (DCQ) #-	

Type of project

- | | |
|--|--|
| <input type="checkbox"/> New one and two-family residence
<input type="checkbox"/> Commercial/industrial/multifamily
<input type="checkbox"/> Accessory buildings (120 Sq. ft or over)
<input type="checkbox"/> Additions
<input type="checkbox"/> Deck, Pool, Fence | <input type="checkbox"/> HVAC (Add or replace AC, replace furnace etc.)
<input type="checkbox"/> Alteration (Reroof, siding, windows, interior remodel, finish basements)
<input type="checkbox"/> Other |
|--|--|

<u>Project Description:</u>
<u>Used for:</u>
<u>Estimated Cost:</u>
<u>Needed with Application:</u>

- | | |
|--|---|
| <input type="radio"/> Wash. Co. Planning and parks dept. sign off sheet-if in area beyond 1000 ft. of body of water/wetlands or Wash. Co. Shore land zoning permit if within 1000 ft. of body of water/wetland (These are not needed for Alterations, or HVAC) | <input type="radio"/> 2 sets of building plans (3 sets if you want copy returned)
<input type="radio"/> 2 copies of survey or site plan- showing location of proposed structure (can be sketched on survey/site plan) (3 sets if you want copy returned)
<small>(These are not needed for Alterations, or HVAC)</small> |
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<u>Signature of Applicant:</u>	<u>Date:</u>
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The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate.

<p>To request an inspection: call the Building Inspector at number listed. Please give project address, permit # if possible, and type of inspection. Please give at least 24 hour notice on all inspections. 48 hour notice on footing inspections if possible.</p> <p><u>*Drop off completed application at Town Hall or mail to Town address.</u></p>	<p>Certified Building Inspector Jeremy Pfeifer Office-262-629-1774 Cell- 262-689-7346 License #-1293974</p>
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Accepted by _____ Date _____ Paid _____

<u>Office use only</u>		
Basement sq. ft.-	Heating-	Plan Review-
Living space sq. ft.-	AC-	Inspection-
Garage sq. ft.-	Zoning-	Occupancy-
Site built <input type="checkbox"/> Manufactured <input type="checkbox"/>	Erosion-	WI Seal-
	Other-	<u>TOTAL-</u>

