VILLAGE OF SUSSEX

DEPARTMENT OF BUILDING INSPECTION
N64 W23760 Main Street, Sussex, WI 53089
(262) 246-5212 / Fax (262) 246-5222

APPLICATION FOR
BUILDING PERMIT

Tax Key _____
Permit No. _____
Zoning Class. _____
Conforming _____
Non-Conforming _____

Project Address _____

Subdivision _____

Owner_____ Phone_____

Address_____

Contractor_____ Phone_____ Email_____

Address_____ **Contractor Cert/BCR #**_____

City/State/Zip_____ **Contractor Qualifier #** _____

Description of Project: _____

_____

_____

Estimated Cost of Project: $_____

Applicant agrees to comply with the Wisconsin Uniform Dwelling Code 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.

Signature of Applicant _____ **Date** _____

Signature of Owner _____ **Date** _____

- **Office Use Only** -

CONDITIONS OF APPROVAL: *This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.*

OTHER PERMITS REQUIRED: ☐ Plumbing ☐ Electrical ☐ HVAC *(Application must be made before work commences.)*
☐ Occupancy *(No use of above-described project is allowed until all final inspections are made.)*

The Building Permit shall become void unless operations are commenced within four (4) months from the date the permit is issued, or if the building or work authorized by such permit is suspended at any time after work is commenced for a period of more than sixty (60) days. The Building Permit shall expire twelve (12) months from the date the permit is issued. Time periods referenced herein may be extended by the Building Inspector if the delay was due to conditions beyond the control of the applicant. No additional permits for the same work will be issued unless a timetable of completion is agreed upon by the Building Inspector.

FEES

Technology Fee	(28.4)	$ 5.00
Building Permit	(28.1)	$_____
Plan Review	(28.1)	$_____
Certificate of Occupancy	(29)	$_____
TOTAL		**$**_____

___ called w/ total due ___ paid check #_____
___ cash

APPLICATION APPROVED

_____
Building Inspector

_____
Date

Rev. 9/22/20