Village of Eagle

820 E. Main St. • P.O. Box 295 • Eagle, Wisconsin 53119

Date_____ Building Permit #_____

Tax Key # _____

APPLICATION FOR BUILDING PERMIT

Name _____ Phone (_____)_____

Address _____

Contractor _____ Phone (_____)_____

Address _____

Project Location_____

Project Description _____

Zoning District _____

Zoning Permit #	Setbacks: Front ft.	Rear ft.	Left ft.	Right ft.

Inspector Signature _____ **Phone 262-594-5134 for all inspections.**

Permit Fees – No Refunds on Permits		Quantity	Fee
Residential - 1 and 2 Family			
Remodel/Additions	- $ 7.00 per M of valuation		
	- $40.00 minimum / $100.00 for additons		
Accessory Building /	- Up to 150 sq. ft. - $30.00		
Garage/Shop	- 150 - 600 sq. ft. - $40.00, over 600 sq. ft. - .10 sq. ft.		
COMMERCIAL - INDUSTRIAL			
New Construction	- $200.00 (plan review)		
	- $ .16/sq. ft. for inspection fees		
Remodel/Additions	- $7.00 per M of valuation		
	- $40.00 minimum / $75.00 for additions		
AGRICULTURAL BUILDINGS (unheated)			
New Construction	- $ .02/sq. ft. allareas for plan review		
	- $ .08/sq. ft. all areas for inspection fees		
Remodel/Additions	- $5.00 per M of valuation		
	- $40.00 minimum / $75.00 for additions		
MECHANICAL & MISCELLANEOUS			
Decks / each	- $40.00		
Pools	- $40.00		
Special inspections	- $30.00		
Other			
Permit to start construction of footings & foundation			
Residential	- $50.00		
Commercial-industrial	- $75.00		

Double fees shall be charged if work is started before permit is issued.

Valuation: $ _____ Ck# _____ Rec'd by_____ Date Rec'd.____/____/____ Total Fees: $_____

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. Please call 262-594-5134 for inspections. Please give at least 24 hour notice.

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The applicant agrees to compoly with the Wisconsin Uniform Dwelling Code and other Municipal Ordinances and witht he conditions of the is permit; understands that the issuance of the permit creats no legal liability, expressed or implied, on the Department of Municipality; and certifices that all the aboce information is accurate.

Signature of owner/applicant _____ Date_____

White - Municipal Files • Yellow - Inspector's Office • Pink - Clerk/Assessor • Gold - Receipt