

CITY OF FRANKLIN BUILDING PERMIT APPLICATION 9229 W. LOOMIS ROAD, FRANKLIN, WI 53132 Phone (414) 425-0084 Fax (414) 425-7513			Application No.
			Permit No.
			Parcel No.
Property Owner's Name – <input type="checkbox"/> owner resides or will reside at job address*			Phone
Mailing Address	City	Zip	Email Address
Contractor Name			*Dwelling Contractor Cert#
Dwelling Contr. Qualifier's Name (if work is on 1 or 2 family dwellings)			*Dwelling Contractor Qualifier Cert#
Mailing Address			City Zip
Email Address	Phone	Fax	
Applicant (if other than owner or contractor)			Phone
Mailing Address			City Zip
Email Address	Phone	Fax	
Job/Building Address	Project/Business Name (if applicable)	Unit or Suite No.	

Project Type: 1 & 2 Family Commercial Industrial Institutional Multi Family - # of Units _____

PERMIT TYPE:

- | | |
|--|---|
| <input type="checkbox"/> New (other than 1 & 2 family) | <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> On Slab <input type="checkbox"/> On Deck |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Fence – Type and Height _____ |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Pool <input type="checkbox"/> Above Ground _____Ht. Above Grade <input type="checkbox"/> In Ground |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Deck <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Pool |
| <input type="checkbox"/> Building Damage Repair | <input type="checkbox"/> Accessory Building <input type="checkbox"/> On Slab <input type="checkbox"/> On Wood Floor |
| <input type="checkbox"/> Building Move | <input type="checkbox"/> Residing – Type of Material _____ |
| <input type="checkbox"/> Reroofing ---- <input type="checkbox"/> Complete Tear Off ---- <input type="checkbox"/> Over One Layer-----Type of Material _____ | |
| <input type="checkbox"/> Foundation Repair – Wall Height _____ Size of Reinforcement Beams _____ | |
| <input type="checkbox"/> Occupancy -- \$200 plus \$5 Technology Fee | <input type="checkbox"/> Other _____ |

Project Description: _____ **Estimate of Cost \$** _____
 (do not include Plumbing, Electric, HVAC in cost)

Cautionary Statement To Owners Obtaining Building Permits

101.65(Ir) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that: If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur: (a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit. (b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

CONTACT PERSON (print) _____ **PHONE** _____

APPLICANT'S SIGNATURE _____ **DATE** _____

***FAILURE TO OBTAIN PERMIT PRIOR TO STARTING WORK - FIRST OFFENSE TRIPLE FEES, SUBSEQUENT OFFENSES QUADRUPLE FEES
 SEPARATE PERMITS REQUIRED FOR PLUMBING, ELECTRICAL AND HVAC**