CITY OF FRANKLIN BUILDING PERMIT APPLICATION

9229 W. LOOMIS ROAD, FRANKLIN, WI 53132 (414) 425-0084, FAX (414) 425-7513

Application No.
Permit No.
Parcel No.

PHONE____

Property Owner's Name			Mailing Address					Tel.		
Contractor Name & Type			UDC Cert #	Mailing Address				Tel. & Fax		
Contractor										
Dwelling Contr. Qualifier (1 & 2 Family)										
Applicant (if other than owner or contractor)										
Building Address Proje			ect/Business Name (if applicable) Unit or Suite N							
Zoning District(s) Corner Lot/Dbl/1			Triple Frontage	Setbacks:	Front ft.			ft.	Right ft.	
PERMIT REQUESTED: NEW CONSTRUCTION										
Cautionary Statement To Owned 101.65(lr) of the Wisconsin Statu with a statement advising the owner hires a contractor to following consequences might occur (a) The owner may be work performed under the building building permit. (b) The owner may not of the one- and two- family dwell	tes requires mer that: perform work cur: held liable for the permit or the beable to co	under any boat is ca	the building permit building inquiry to or daused by any negligory the contractor day	and the contracted and the contracted by the contracted by the contracted amages for any incomparison of the contracted by the contracted	tor is not bonded or for any damage to tractor that occurs loss sustained by the	r insured as requote the property of in connection wine owner becaus	others the the weet of a view of a v	that ari	a.654 (2) (a), the ses out of the rmed under the	

SEPARATE PERMITS REQUIRED FOR PLUMBING, ELECTRIC & HVAC
24 HOUR NOTICE REQUIRED FOR INSPECTIONS

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.

APPLICANT'S SIGNATURE______DATE SIGNED_____

PRINT CONTACT PERSON _____