



Village of Menomonee Falls  
 W156 N8480 Pilgrim Road  
 Menomonee Falls, WI 53051-3140  
 Telephone: 262.532.4280 Fax: 262.532.4289  
 www.menomonee-falls.org

## APPLICATION FOR BUILDING PERMIT

Address \_\_\_\_\_

Key No. \_\_\_\_\_ Application Date \_\_\_\_\_

Owner \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Nature of Work \_\_\_\_\_

Size \_\_\_\_\_ X \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Height \_\_\_\_\_ Est. Value \_\_\_\_\_

It is Hereby Agreed between the undersigned, as owner, his agent or servant, and the Village of Menomonee Falls, that for and in consideration of the premises and of the permit to construct, erect, alter, or install and the occupancy of building as above described, to be issued and granted by the Building Inspector, that the work thereon will be done in accordance with the descriptions herein set forth in this statement, and as more fully described in the specifications and plans herewith filed; and it is further agreed to construct, erect, alter or install and occupy in strict compliance with the ordinances of the Village of Menomonee Falls, and to obey any and all lawful orders of the Building Inspector of the Village of Menomonee Falls, and all State Laws relating to the construction, alteration, repairs, removal and safety of buildings and other structures and permanent building equipment.

**Applicant:**     Owner

Owner's Signature \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

**Cautionary Statement Signed**

**OWNERS OF A ONE- OR TWO-FAMILY RESIDENCE MAY PERFORM WORK ON THEIR HOME IF THEY:**

- OCCUPY THE HOME
- SIGN THE CAUTIONARY STATEMENT
- OBTAIN THE PROPER PERMITS
- CALL FOR REQUIRED INSPECTIONS

**Applicant:**     Contractor                       Architect

Co. Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Building Contractor Registration #** \_\_\_\_\_

**Dwelling Contractor Certification #** \_\_\_\_\_

**Dwelling Contractor Qualifier Certification #** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

County Approval \_\_\_\_\_

Plan Commission \_\_\_\_\_

Architectural Control Board \_\_\_\_\_

Village Board \_\_\_\_\_

Fire Department \_\_\_\_\_

Zoning Board of Appeals \_\_\_\_\_

**FAILURE TO OBTAIN A PERMIT BEFORE WORK HAS STARTED WILL RESULT IN A DOUBLE PERMIT FEE**

**Permit Fee**                      \$ \_\_\_\_\_

**Issue Date**                      \_\_\_\_\_

**Building Permit #**                      \_\_\_\_\_

**Erosion Permit #**                      \_\_\_\_\_

**Batch Name**                      \_\_\_\_\_

**Zoning:** \_\_\_\_\_

**Setbacks from Property Lines:**

Street \_\_\_\_\_ ft.    Rear \_\_\_\_\_ ft.    Side \_\_\_\_\_ ft.

Remarks:

For Office Use Only