



CITY OF RACINE • DEPARTMENT OF CITY DEVELOPMENT • DIVISION OF BUILDING INSPECTION

730 WASHINGTON AVENUE • ROOM 304 • RACINE WISCONSIN 53403 • PHONE 262 636 9464 • FAX 262 636 9461

Permit Application

Owner Information:

Name: _____ Phone Number: (____) _____
Mailing Address: _____ Fax Number: (____) _____
City, State, Zip code: _____ Email Address: _____
Job Address: _____ Tax Parcel Number: _____

Owner acting as General Contractor (Must sign and submit Cautionary Statement Form)

General Contractor

Contact Name: _____ Phone Number: (____) _____
Mailing Address: _____ Fax Number: (____) _____
City, State, Zip code: _____ Email Address: _____
Wisconsin Certification# _____

1) Proposed Project: (Only one project is allowed per permit)

- Commercial: New____ Addition____ Remodel____
- Industrial: New____ Addition____ Remodel____
- Residential: New____ Addition____ Remodel____
- Roofing: New____ Addition____ Repair____
- Siding: New____ Addition____ Repair____
- Accessory Structure: (Check all that apply)
Garage, Shed, Deck, Porch, Fence, Gazebo, Covered Patio, Playhouses, Pergola

2) Brief project description:

3) Estimated cost of project: \$ _____

Note:

ANY WORK STARTED WITHOUT THE REQUIRED PERMITS MAY RESULT IN DOUBLE PERMIT FEE AMOUNTS.

Per. Sec. 18-93 all building permits are valid for a period of eighteen (18) months from date of issuance.

The undersigned hereby makes application for this permit to do the work herein described and as shown on the attached Construction Plans, Site Survey, and hereby agrees that all work will be done in accordance with all applicable codes and ordinances of the State of Wisconsin, and The City of Racine.

Owner/Contractor Name: _____

Owner/Contractor Signature: _____ Date: ____/____/____