

Village of Whitefish Bay
 5300 N Marlborough
 Whitefish Bay, WI 53217
 Phone 414-962-6690
 Fax 414-962-5651

Building Permit

Permit Number _____
Tax Key # _____
ARC # _____
Zoning _____
EC # _____

Project Address: _____

Project Owner's Name _____ Phone _____

Project Description _____

Contractor's Name _____

License DC# _____
License DCQ# _____

Contractor's Phone No. _____

Contractor's Address _____

City, State, Zip _____

Signature of Applicant _____	Date _____
------------------------------	------------

The applicant agrees to comply with the Municipal Ordinance and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied of the Department, Municipality, or Inspector; and certifies that the above information is accurate. Have permit number and address when requesting inspections. Call 414-962-6690. Give at least 24 hours notice on all inspections. Permit expires per Chapter 11, Rule 1(8).

Electrical Contractor Name and Phone No. _____

Plumbing Contractor Name and Phone No. _____

HVAC Contractor Name and Phone No. _____

Area Involved (sqr ft)	Minimum Permit Fee.....\$60.00
Basement _____	Re-inspection Fee.....\$50.00
Living _____	Failure to call for inspection.....\$50.00
Garage _____	Missed Appointment Fee.....\$50.00
other _____	Min Building Permit Commercial Buildings ...\$100.00
TOTAL _____	Sign Permit Fee (per sign).....\$50.00
	** 4 X Fee for work started prior to permit

ALL FEES NON-REFUNDABLE

Cost of Entire Project
 Permit Fee \$8.00/1000 of costs
Copy of Contracts may be required

\$ _____

Whitefish Bay Will Not Collect Contractor Waste

Conditions _____

Permit Fee	Permit Issued By Municipal Agent	Permit Expires in:
ARC Review _____	Name _____	6 Months <input type="radio"/>
EC _____	Date _____	18 Months <input type="radio"/>
Zoning _____	Certification No. _____	24 Months <input type="radio"/>
Demo _____		
Permit _____		
Total _____		