

BUILDING PERMIT APPLICATION

Town of Jackson

Owner _____ Phone _____

Current Address _____

Project Address _____ Email _____

Contractor _____

(Need both) *Dwelling Contractor (DC) Cert.# _____

*Dwelling Contractor Qualifier (DCQ) Cert.# _____

Contractor Address _____

Phone _____ Cell Phone _____ Email: _____

Principal Building

Type of Building _____

Proposed Use _____

Cost of Project _____

Sanitary Permit # _____

Type of Heat _____ Fuel _____

Air Conditioner_ Yes _____ No _____

Submit the Following:

2 Sets of Building Plans

1 Set of Energy Calculations

2 Copies of Survey designating: 1) House as staked by Surveyor; 2) Erosion Control location; 3) Tracking Pad Culvert Location Staked

Wall Bracing Plan for 1 & 2 Family only.

Residential Additions, Detached Structures

Type of Project _____

Proposed Use _____

Size of Project _____

Cost of Project _____

Submit the following:

Sign-off sheet from Planning & Parks (262-335-4445)

2 sets of Building Plans

2 copies of Survey Site Plan or Building-Location Sketch of Lot, if approved by Inspector.

Residential Reroofing and Residential Residing

Describe Project/s _____

Cost of Project/s _____

Reroofing Permit Fee: \$50 Residing Permit Fee: \$50

Please provide all applicable information to allow permit to be processed. SIGN your application.

Mail/email: JIM MICECH Building Inspector; 3146 DIVISION RD Jackson 53037; building@town-jackson.com
Checks are payable to the Town of Jackson. 414-840-3416

I hereby attest that the above information and attachments hereto are true and correct.

NAME _____ DATE _____

FOR OFFICE USE ONLY

Shoreland _____ Basement _____ Occup _____ Plan _____

Zoning District _____ Area _____ Heating _____ Inspection _____

Flood/Wetland _____ Garage _____ Air _____ Seal _____

Yes _____ No _____ Site-Built _____ Zoning _____ Decks _____

State Plans Submitted _____ Manufactured _____ House # _____ Other _____

Building _____ Story _____ Culvert _____ Total: _____

HVAC _____ A _____ D _____ Garage _____ Erosion _____ Comments: _____

Plumbing _____ Lighting _____