



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

Jobsite _____
Key No. _____ Application Date _____
Owner _____ Phone No. _____
Lot _____ Block _____ Subdivision _____
Description of Work _____
Size _____ X _____ Sq. Ft. _____ Height _____ Est. Value of Project \$ _____

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: <input type="checkbox"/> Homeowner Owner's Signature _____ Daytime Phone _____ Email _____ Cautionary Statement Signed <input type="checkbox"/> OWNERS OF A ONE- OR TWO-FAMILY RESIDENCE MAY PERFORM WORK ON THEIR HOME IF THEY: <ul style="list-style-type: none">• OCCUPY THE HOME• SIGN THE CAUTIONARY STATEMENT• OBTAIN THE PROPER PERMITS• CALL FOR REQUIRED INSPECTIONS	Applicant: <input type="checkbox"/> Building Contractor <input type="checkbox"/> Building Owner Company Name _____ Address _____ City, State, Zip _____ Phone _____ Email _____ Contact Person _____ Dwelling Contractor Certification # _____ Expiration Date _____ Dwelling Contractor Qualifier Certification # _____ Expiration Date _____ Name _____
FOR OFFICE USE ONLY: <input type="checkbox"/> Plan Approval <input type="checkbox"/> 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:

Construction Type (Applicant Please Fill Out)

- ☐ Commercial/Industrial Building Addition
☐ Commercial/Industrial Exterior Building Changes, Landscaping or Outdoor Lighting
☐ Commercial/Industrial Grading, Stormwater, Retaining Wall or Catch Basin
☐ Commercial/Industrial Interior Remodel for Existing Business
☐ Commercial/Industrial Interior Remodel for New
☐ Business New Commercial/Industrial Building
☐ Residential

For Office Use Only