		VILLAGE 6500 GREENDALE, W (414) 423-2100 www.g	MIT APPLICA OF GREENDALE NORTHWAY ISCONSIN 53129-0257 • FAX (414) 423-2107 greendale.org	PERMIT NO DATE:	
Contractor Name:	***PLEASE F	ILL OUT ALL INFO	RMATION BELOW COM	PLETELY.***	
Address:			Owner Name:		
City, State, Zip:			Address:		
Email:			City, State, Zip:		
Phone:			Email:		
Contractor #:	Qualifier#:		Phone:		
BUILDING IS:	PERMIT TYPE:		Thome.		
<ul> <li>Residential</li> <li>Commercial</li> <li>Industrial</li> <li>Class of Construction</li> </ul>	<ul> <li>Building – New</li> <li>Building – Addn.</li> <li>Alteration</li> <li>Detached Garage</li> </ul>	<ul> <li>Reroofing</li> <li>Siding/Trim</li> <li>Fence</li> <li>Deck</li> </ul>	<ul> <li>Foundation Repair</li> <li>Fireplace</li> <li>Other</li> </ul>	Re-Inspection Demolition/Moving	
	Storage Shed				
Building Size:	WIDE) (FEET LONG)	(SQUARE FEET 1ST	FLOOR) (SQUARE FEET 2	ND FLOOR) (HEIGHT) VOLUME CU. FT.)	
(GENERAL CONTRACTOR)			(ARCHITECT/DESIGNER)		
(ELECTRICAL CONTRACTOR)			(PLUMBING CONTRACTOR)		
building permit and the occur: (a) The owner arises out of the work connection with the work connection with the work an ordinance enacted arises out of the work property of others that building permit. NOTE: PLANS AND SPE SHALL BE CHARGED IF UNIFORM DWELLING CO PERIOD OF 60 DAYS W	ne contractor is not bond may be held liable for a c performed under the bi- vork performed under the s sustained by the owne d under sub. (1) (a), bec c performed under the bi- at is caused by any negli <i>CIFICATIONS OF THE AB</i> <i>WORK IS STARTED BEFO</i> <i>CODE OR COMMERCIAL</i> <i>THOUT GOOD OR REAS</i> <i>S OF \$30 WILL BE REFUN</i>	led or insured as r ny bodily inquiry to uilding permit or th e building permit. ( r because of a viol ause of any bodily uilding permit or bo gence by the cont OVE DESCRIBED V ORE PERMIT IS ISS BUILDING CODE. SONABLE CAUSE.	equired under s. 101.65 o or death of others or fo hat is caused by any neg (b) The owner may not b lation by the contractor of rinjury to or death of othe ecause of any bodily inju- ractor that occurs in con <b>WORK <u>MUST</u> ACCOMPAN UED. ALL WORK SHALL E PERMIT EXPIRES AFTER IF A PERMIT IS ISSUED FEES SHALL BE REFUND</b>	a contractor to perform work under the 4 (2) (a), the following consequences might r any damage to the property of others that ligence by the contractor that occurs in e able to collect from the contractor f the one- and two- family dwelling code or ers or damage to the property of others that ry to or death of others or damage to the nection with the work performed under the Y THIS APPLICATION. DOUBLE OR TRIPLE FEES BE COMPLETED PER THE STATE OF WISCONSIN & 18 MONTHS, UNLESS WORK CEASES FOR A AND NOT USED, ONLY THAT PORTION OF THE ED AFTER THEIR EXPIRATION.	
(SIGNATURE OF OWNER) DO NOT WRITE BELOW THIS LINE (SIGNATURE OF AGENT OR CONTRACTOR)					
APPROVED BY (Circl / VILLAGE BOARD	e One): BUILDING		<b>BUILDING PERMIT FE</b> New, Additions, Alteration	E <b>S:</b> ons, Seal\$	
DATE:				· · · · · · · · · · · · · · · · · · ·	
DATE:		223.01 -		MIT)	
ISSUED BY AN AUTH	ORIZED AGENT OF TH			·····	
			5 – Local Plan Examination		
			- Special Use Approval	· · · · · · · · · · · · · · · · · · ·	
AMOUNT PAID:		<u> </u>	TOTAL FEES		
RECIEPT NO:				\$	