MARSHFIELD
The City in the Center

Building Services Division

P.O. Box 727
630 South Central Avenue
Marshfield, WI 54449-0727
Telephone: 715-486-2016
Fax: 715-384-7631

BUILDING PERMIT APPLICATION
(NEW RESIDENTIAL HOME)

Office Use Only

Permit No. _____

Name of Owner _____ Date _____/_____/_____

Site Location _____ Telephone _____

LOT	BLOCK	ADDITION OR SUB-DIVISION	LOT SIZE	ZONING	PROPERTY ID NUMBER

The Applicant is ☐ Owner ☐ Contractor ☐ Other (Describe)_____

General Contractor

Dwelling Contractor _____ DC # _____

Dwelling Contractor Qualifier _____ DCQ # _____

Address _____ Zip _____

Phone _____

Foundation Contractor

Name _____

Address _____

Zip _____ Phone _____

Sub Contractors

Plumber _____

Address _____

City _____

Zip _____

Phone _____

HVAC _____

Address _____

City _____ Zip _____

Cost _____ State Cert # _____

Phone _____

HVAC Equipment: ___ Furnace ___ Boiler
___ Central AC ___ Boiler ___ Heat Pump
___ Fireplace ___ Radiant Basebd
Other: _____

Energy Source:
___ Natural Gas ___ LP _____ Oil ____
___ Electric

Electrical _____

Address _____

City _____ Zip _____

Phone _____

Entrance Panel
Size: _____ amp

___ Underground

___ Overhead

AREA INVOLVED (Sq. Ft.)

	Unit 1	Unit 2	Total
Unfin. Bsmt.			
Living Area			
Garage			
Deck			
Totals			

CONST. TYPE

_____ Site Built

_____ Mfd:_____UDC____HUD

VALUATION OF WORK: $_____
(Not including Land)

STORIES:
_____1-story _____2-story
_____Other: _____

_____ **SINGLE FAMILY** _____ **DUPLEX**
_____ **TOWNHOUSE** _____ **CONDO**

SET BACKS: Front_____
Rear _____
Left _____
Right _____

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Marshfield and with Wisconsin Building Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

_____

Applicant's Signature

PLEASE COMPLETE OTHER SIDE