

## **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 (NON RESIDENTIAL)

	Office Use Only	
Permit No.		
Permit No.		

Name of Owner _						Date	//	
Site Location Telephone								
LOT BI				N OR SU	N OR SUB-DIVISION PROPERTY ID NUMBER			
		ADDITION OR SUB-DIVISION PROFERTY ID NUMBER						
The Applicant is	Owner Contracto			Other (Describe)				
GENERAL CONTRACTOR	Name         Phone           Address         State Zip Code							
	Oity					State		
ARCHITECT/ ENGINEER	Name Phone							
	City					State	Zip Code	
SUB CONTRACTORS	Plumber_			HVAC_			Electrical	
CONTRACTORS	Address_			Cost			Cost	
	City			Address	i		Address	
	Zip			City		Zip	CityZip	
	Phone			Phone_			Phone	
VALUATION OF WORK: \$								
SIZE X =SQUARE FOOTAGE  SET BACKS: Front Left Rear 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								