



# CITY OF MARSHFIELD

## PERMIT APPLICATION

207 W. 6TH ST, MARSHFIELD, WI 54449

p: (715) 486-2016 | developmentsservices@ci.marshfield.wi.us

### Residential Building Remodel/Alteration Permit Application

OFFICE USE ONLY		
Date Received:	Permit Number:	Parcel # :

Property Information		
Site Address:	Owner Address:	
Owner Name:	Owner Phone #:	Owner Email:

Contractor Information		
Company Name:	Address, City, State, Zip:	
Contractor Name:	DC#:	DCQ#:
Phone:	Email:	

Description of Work		
Valuation of Work (materials & installation cost) \$	Project Total Sq. Ft.	
Is this a rental unit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fees		
Interior Remodel/Alteration of \$1,000 or more	\$40.00	
Exterior Envelope (Siding, Windows, & Doors) *No permit if repairing/replacing less than 50% of features of the exterior envelope	\$40.00	
Reroofing (permit only need if tearing off sheeting and/or altering the roof)	\$40.00	
<b>Failure to obtain a permit prior to commencing work will result in an additional \$100.00 fee or double the permit fee, whichever is more, except for emergency work (permits for the emergency work need to be taken out within 48 hours after the work was performed).</b>		
<b>TOTAL FEES:</b>		

Make sure Structural Plans/Blueprints are included with your application for major alterations.

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 UDC Codes; that I understand this is not a permit but only an application for 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.

The applicant is  Owner  Contractor \_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_ Date