



## Nonresidential and Multi-Family - New & Addition Application

### OFFICE USE ONLY

Date Received:	Permit Number:	Zoning District:	Parcel #:
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### PROPERTY INFORMATION

Site Address:	Lot #:	Block #:	Subdivision:
Owner Name:	Owner Phone #:	Owner Email Address:	
Owner Address, City, State, Zip:			

### GENERAL CONTRACTOR INFORMATION

Name:	Address, City, State, Zip:		
Phone #:	Fax #:	Email Address:	

### WI STATE ID NO. INFORMATION (IF APPLICABLE)

Transaction ID No.	Site ID No.	Regulated Object ID No.	DQA Project No.
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### ARCHITECT/ENGINEER INFORMATION

Name:	Address, City, State, Zip:		
Owner Phone #:	Fax #:	Email Address:	

### FOUNDATION CONTRACTOR INFORMATION

Name:	Address, City, State, Zip:		
Phone #:	Fax #:	Email Address:	

### SUB-CONTRACTOR INFORMATION

<b>Plumber:</b>	Address, City, State, Zip:		
Phone #:	Email Address:	Cost:	
<b>HVAC:</b>	Address, City, State, Zip:		
Phone #:	Email Address:	Cost:	
<b>Electrical:</b>	Address, City, State, Zip:		
Phone #:	Email Address:	Cost:	Sq. Ft.

### DESCRIPTION OF WORK (PROVIDE ADDITIONAL PAGES IF NEEDED)

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### PROPERTY INFORMATION

Valuation of Work (not inc. land or subcontractor's cost):	Height of Building (ft.):	Project Total (sq.ft.):	
Front Yard Setback (ft.):	Rear Yard Setback (ft.):	Side Yard Left Setback (ft.):	Side Yard Right Setback (ft.):

**FEES**

<u>Description</u>	<u>Price Per Unit</u>	<u>Total</u>
Nonresidential and Multi-Family	\$0.18 per square foot up to 10,000 SF, plus \$0.08 per square foot over 10,000 SF	
<b>Permit Fee Total (minimum permit fee \$50.00):</b>		

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_