

# VILLAGE OF MUKWONAGO

# Building Permit Application

440 River Crest Court  
 Mukwonago, WI 53149  
 (262) 363-6419, (262) 363-6425 Fax  
 www.villageofmukwonago.com

<b>PERMIT #</b>
<b>TAX KEY #</b>

**PROJECT LOCATION:** (if no address, use Lot, Block & Subdivision)

<b>NATURE OF WORK:</b> (type of shed, residence, remodeling, etc.)	<b>TOTAL COST OF CONSTRUCTION</b>
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**SUBMIT THE FOLLOWING FOR A BUILDING PERMIT REVIEW**

1. Plot of survey showing the present improvement and the proposed improvements.
2. A building plan, with dimensions, drawn to a scale that is read-able.
3. Elevation drawings of pictures of the existing structure, and drawing showing the improvements.
4. Colors and materials are to be listed on the plan.
5. A cross section drawing showing all the components and fasteners used in the project.

OWNER'S NAME	MAILING ADDRESS (Include City and Zip)	Phone ( ) _____ - _____ Email _____
ARCHITECT'S NAME	MAILING ADDRESS (Include City and Zip)	Phone ( ) _____ - _____ Email _____
CONTRACTOR'S NAME <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert # MAILING ADDRESS (Include City and Zip)	Phone ( ) _____ - _____ Email _____
CONTRACTOR'S NAME <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert # MAILING ADDRESS (Include City and Zip)	Phone ( ) _____ - _____ Email _____
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**If there are any questions, comments, or changes on this project, specify the responsible party to contact:**  
 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
**The Village of Mukwonago does not review for compliance of your subdivision restrictions. This is your responsibility.**

I/We \_\_\_\_\_ hereby agree to construct the above described project in accordance with the plans and specifications submitted herewith, and in strict compliance with all the provisions of the Zoning Code and ordinances of the Village of Mukwonago. I agree to comply with all applicable code and statutes and ordinances and with the conditions of the permit: understanding the issuance of the permit creates no legal liability, expressed or implied, on the municipality; and certify that all the above and supplied information is accurate. If I am the owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility. I expressly grant the Building Inspection Department permission to enter the premises for which this permit is sought at all reasonable hours and inspect the work being done. Any additional code violation found during the inspection will also have to be addressed for correction.  
**THE APPLICANT IS REQUIRED TO ARRANGE FOR INSPECTION APPOINTMENTS.** For inspections, 24 hour minimum notice is required, call (262) 363-6419 for inspections or information, Monday-Friday, 8:00 a.m. to 9:30 a.m.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

SERVICE FEES	To be filled out by Inspection Department	
<b>Work started before permit issued, Triple Fee.</b>	\$ _____ 65 Zoning Review	\$ _____ 19 Parkland Site
If the application is not filled out properly/correctly and returned, there will be a \$25.00 fee applied.	\$ _____ 30 Plan Review	\$ _____ 61 Sewer Impact
<b>If occupancy is taken before final inspection is passed, there will be a \$200.00 fee applied.</b>	\$ _____ 66 State Permit	\$ _____ 40 Water Impact
Failure to arrange and set-up	\$ _____ 10 Building Permit	\$ _____ 59 Library Impact
Inspections - \$150.00 - (Minimum)	\$ _____ 67 Erosion Control	\$ _____ 58 Police Impact
<b>Minimum permit fee/re-inspection is \$60.00</b>	\$ _____ 68 Occupancy Permit	\$ _____ 60 Fire Impact
	\$ _____ 21 Property Record	\$ _____ 63 RCA Sewer
	<b>\$ 5.00 76 Administration Fee</b>	\$ _____ 69 Recycling Fee

<b>For Office Use Only</b>		<b>TOTAL FEES</b>
Conditions of Approval _____		\$ _____ Payable to Village of Mukwonago <b>No Refunds or Credits on Permits</b> <b>Permits expire one year from date issued</b>
<b>PERMIT ISSUED BY</b>	<b>RECEIPT</b>	
Name _____	Date: _____	
Date _____	Check #: _____	
Cert. # _____	Receipt #: _____	
	Rec'd by: _____	

Rev 11/24/2020 Please include email to receive copy of permit.

**Inspector's Remarks**

None at this time     
  See back of permit application     
  See attachments