

PERMITS ARE VALID ONE YEAR FROM DATE OF ISSUE



*Town of
Kaukauna*

W780 Greiner Rd * Kaukauna, WI 54130
Phone 920-759-1677 Fax 920-759-1678

APPLICATION FOR BUILDING PERMIT

Date: _____

Application No.: _____

The undersigned hereby applies for a permit to do work according to the following description and the specifications submitted herewith. The undersigned agrees that such work will be done as described, and that it will comply with all applicable statutes of the State of Wisconsin and ordinances of Outagamie County and the Town of Kaukauna.

Owner: _____ Owner's Phone Number: _____

Address: _____ Building Address: _____

Location of Premises – Lot #: _____ Parcel #: _____ Subdivision: _____

Size _____ X _____ X _____ Sq. Footage _____ Type Roof _____

Occupancy _____

Accessory Building: Occupancy _____ Size _____

Type of Construction _____

Type Heating Plant _____ No. Exits _____ No. Stairs _____

Windows _____ Size _____ No. Porches _____ Size _____

ARCHITECT

WORK CONSIST OF (Check)

General Contractor _____

New Home

Cost \$ _____

Addition

Fee \$ _____

Repairs

Sanitary Permit # _____

Alterations

Owner or Agent _____

Shed

Garage

Approved _____

Barn (Raze Y or N)

Building Inspector

Other

Location of Structure: _____