



BUILDING PERMIT

Owner: _____ Receipt No. _____
 Address/Job Location: _____ Parcel No. _____

Contact person: _____
 Phone: _____
 Description of Project and \$ Value: _____

Send payment to: 515 W Kimberly Ave. Kimberly, WI 54136

Contractor Name: _____
 Phone / Mobile: _____
 License No. _____

TYPE OF PERMIT	FEE SCHEDULE	FEES
Residential Remodel	See Schedule	
Commercial Permit	See Schedule	
Residential Garage	\$40.00	
Residential Shed	Less than 144 Sq. Ft. \$15.00	
Residential Fence	\$15.00	
Decks	\$15.00	
Moving Building	\$75.00	
Signs	\$25.00	
Plumbing	\$30.00 + \$5.00 per Fixture	
	\$25.00 Minimum, plus project cost	
Electric	See Schedule	
Heating and AC	See Schedule	
Other		
Razing	\$90.00 plus \$.12 per square foot.	
	TOTAL	

Applicants Signature: _____ Date: _____
 Inspectors Signature: _____