



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	FEE
Residential Remodel	See Schedule	
Commercial Permit	See Schedule	
Residential Garage	\$20.00	
Residential Shed	Less than 144 Sq. Ft. \$15.00	
Residential Fence	\$15.00	
Deck	Less than 400 Sq. Ft. \$10.00	
	Over 400 Sq. Ft. \$20.00	
Moving Building	\$75.00	
Signs	\$15.00 Non-Lighted	
	\$25.00 Lighted	
Plumbing	\$20.00 + \$5.00 per Fixture	
Electric	\$20.00 Minimum, plus project cost	
	See Schedule	
Heating and AC	See Schedule	
Other		
Razing	\$10.00	
	TOTAL	

Applicants Signature: _____ Date: _____

Inspectors Signature: _____