

TOWN OF LACROSSE

BUILDING PERMIT PERMIT # _____
OR
MECHANICAL OR PLUMBING PERMIT # _____
OR
DEMOLITION PERMIT # _____

— PERMITS EXPIRE 6 MONTHS FROM DATE OF ISSUANCE —
THE PERMIT MAY BE EXTENDED IF APPLICATION IS MADE IN WRITING
BEFORE PERMIT EXPIRES AND A PAYMENT OF A \$40 EXTENSION FEE.

DATE OF APPLICATION: _____
OWNER: _____
LOCATION OF PROPERTY: _____
MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____

DESCRIPTION OF WORK: (CHECK)

NEW **REMODEL** **REPAIR** **ADDITION** **DEMOLISH**

USE OF BUILDING: HOME or BUSINESS: _____
SIZE OF BUILDING: _____ sq feet STORIES: _____ # OF ROOMS: _____ # OF FAMILIES: _____
BASEMENT _____ FOUNDATION _____ ROOF COVERING _____ HEATING TYPE _____
CHIMNEY _____ FIREPLACE _____ EXTERIOR FINISH _____ INTERIOR FINISH _____

DESCRIPTION OF WORK: _____

PLEASE INCLUDE A COPY OF A BLUEPRINT OF PROJECT & MAP OF LOCATION ON PROPERTY

ESTIMATE COST: \$ _____

CONTRACTOR: _____ LICENSE # _____

OFFICE USE ONLY

PERMIT FEE: \$ _____ . _____

DATE OF APPROVAL: _____

STATE FEE: \$ 4 . 50

INSPECTOR: _____

TOTAL FEES: \$ _____ . _____

DATE OF INSPECTION: _____

PAID : CASH or CHECK # _____

INSPECTOR: _____