



NEW BUILDING/ADDITION APPLICATION

Address: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Building Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

ESTIMATED COST OF PROJECT: _____

PROPOSED USE: Please check one

- _____ Single Family-New (A000)
- _____ Two Family-New (A010)
- _____ Residential Addition (attached garage) (A020)
- _____ Res-Accessory Structure (shed, detached garage) (A030)
- _____ Manufactured Home (A040)
- _____ Single Family (Attached-Condo) (A050)
- _____ Multi-Family No. of Units _____ (C000)
- _____ Commercial-New _____ Heated _____ Unheated
- _____ Comm. Additions _____ Heated _____ Unheated
- _____ Comm.---Alterations Heated (C031)
- _____ Industrial—New (C030)
- _____ Store or Customer Service (C060)
- _____ Service Station/Garage (C070)
- _____ Office, Bank, Professional (C080)
- _____ Hotel/Motel No. of Units: _____ (C120)
- _____ Other: _____

DESCRIPTION: _____

Size of Building:

Principal Building: _____ Number of Stories _____ Width _____ Depth _____ Area _____ Ht. Above Grade _____

Accessory Building: _____ Attached _____ Detached _____ Width _____ Depth _____ Area _____ Ht. Above Grade _____

Garage: _____ Attached _____ Detached _____ Width _____ Depth _____ Area _____ Ht. Above Grade _____

Building Characteristics:

Foundation: _____ Full _____ Crawl _____ Slab _____ Concrete _____ Masonry _____ Thickness _____

Heating Fuel: _____ Natural Gas _____ Electric _____ Other _____

Heating System: _____ Forced Air _____ Electric _____ Hot Water _____ Other _____

Interior Wall Covering: _____ Drywall _____ Wood _____ Plaster _____ Other _____

Exterior Wall Covering: _____ Vinyl _____ Wood _____ Metal _____ Masonry _____ Other _____

Roof Covering: _____ Asphalt _____ Wood _____ Metal _____ Other _____

Insulation: _____ Fiberglass _____ Expanded _____ Other _____

Fireplace: _____ Yes _____ No _____ Number _____

Number of Bedrooms: _____ Per Unit _____ Total _____

Number of Baths: _____ Full _____ Partial _____

The applicant certifies that all of the above information is true and correct, and agrees to do the work described according to the information given, the plans and specifications filed, and to be in full compliance with all applicable laws, codes, rules and regulations of the City of Beloit and the State of Wisconsin. The applicant has read the Cautionary Statement to owners obtaining building permits. **This permit is good for one year; deadlines contained therein are always subject to any shorter deadline contained in an order imposed by the Division of Community Development and Housing Services.**

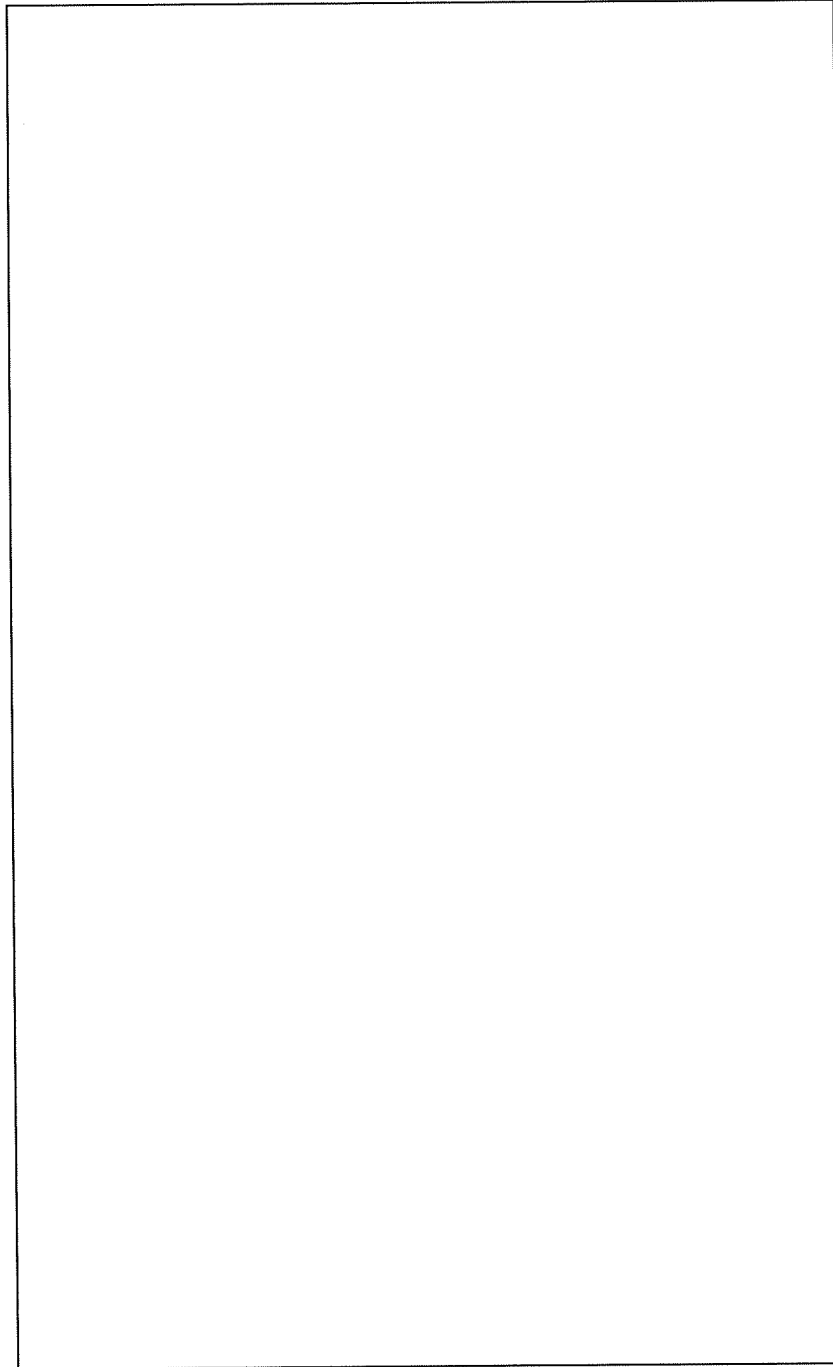
Applicant's Signature: _____

Inspector's Signature: _____

Fee Amount: _____

Building Services (608) 364-6700 Date _____ Cash: _____ Check _____ Check #: _____ Credit Card: _____

Site Plan/Plat Map (Required)



Required Elements:

- Property Lines
- Adjacent Streets
- Existing Structures
- Fence Location & Height
- Distance between fence and property lines
- Distance between fence and existing structures
- Berms or dramatic changes in grade