



BUILDING ALTERATION PERMIT APPLICATION

Application Number: _____

Location: _____

Building Contractor: _____

Owner: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Dwelling Contractor ID #: _____

Qualifier Number: _____

Type of Work

Residential

Commercial-Heated

Commercial-Unheated

_____ Alteration (A021)

_____ Alteration (C031)

_____ Alteration (C050)

_____ Repair (A021)

_____ Repair (C031)

_____ Repair (C050)

_____ Wrecking (M000)

_____ Wrecking (M010)

_____ Wrecking (M010)

_____ Reduction of size (A021)

_____ Reduction of size (C031)

_____ Reduction of size (C050)

_____ Moving <500 SF

_____ Moving <500 SF

_____ Moving <500 SF

Description: _____

Cost of Improvement: \$ _____

Material cost only

Minimum fee: \$50 Residential; \$100 Commercial/Industrial

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 the 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. **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 Housing Services and Planning and Building Services.**

Applicant's signature: _____

Date: _____

Inspector's signature: _____

Planning and Building Services (608) 364-6700

Date: _____ Cash: _____ Check: _____ Credit Card: _____

Check Number: _____