



W780 Greiner Rd \* Kaukauna, WI 54130  
Phone 920-759-1677 Fax 920-759-1678

**APPLICATION FOR BUILDING PERMIT**

Date: \_\_\_\_\_

Application No.: \_\_\_\_\_

The undersigned hereby applies for a permit to do work according to the following description and the specifications submitted herewith. The undersigned agrees that such work will be done as described, and that it will comply with all applicable statutes of the State of Wisconsin and ordinances of Outagamie County and the Town of Kaukauna.

Owner: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Building Address: \_\_\_\_\_

Location of Premises – Lot #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Size \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ Sq. Footage \_\_\_\_\_ Type Roof \_\_\_\_\_

Occupancy \_\_\_\_\_

Accessory Building: Occupancy \_\_\_\_\_ Size \_\_\_\_\_

Type of Construction \_\_\_\_\_

Type Heating Plant \_\_\_\_\_ No. Exits \_\_\_\_\_ No. Stairs \_\_\_\_\_

Windows \_\_\_\_\_ Size \_\_\_\_\_ No. Porches \_\_\_\_\_ Size \_\_\_\_\_

ARCHITECT	WORK CONSIST OF (Check)
General Contractor _____	New Home <input type="checkbox"/>
Cost \$ _____	Addition <input type="checkbox"/>
Fee \$ _____	Repairs <input type="checkbox"/>
Sanitary Permit # _____	Alterations <input type="checkbox"/>
Owner or Agent _____	Shed <input type="checkbox"/>
	Garage <input type="checkbox"/>
Approved _____	Barn (Raze Y or N) <input type="checkbox"/>
Building Inspector	Other <input type="checkbox"/>

Location of Structure: \_\_\_\_\_