

Town of Genesee

543W31391 HWY 83

Genesee Depot, WI 53127

Mailing address: P O Box 242

Genesee Depot, WI 53127

General Building Permit Application

For inspections call:

262-825-8820

Zoning approved by: _____

Project Location (Building Address)
Project Description

Permit NO.
TAX KEY #
BUILDING PERMIT #
Zoning Permit #
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND TWO FAMILY

Owner's Name	Mailing Address - Include City & Zip	Telephone - Include Area Code
Contractor's Name	Mailing Address - Include City & Zip	Telephone - Include Area Code
Estimated Cost	Email	License Number DC: License Number DCQ:

Permit Fees		Quantity	Fee
RESIDENTIAL- 1 and 2 Family			
New Structure / Addition	\$0.35 per sqr ft (all areas all levels) \$150 Minimum.....		
Remodel	\$10.00 per \$1000 of valuation \$150.00 Minimum.....		
Erosion Control	New Construction \$200 Addition / Accessory Structure \$100		
State Seal	\$40.00		
Accessory Structure	\$0.30 per sqr ft (all areas all levels) \$150 Minimum.....		
COMMERCIAL - INDUSTRIAL			
New Building	See Fee Schedule.....		
Remodel/Addition	\$13.00 per \$1000 of valuation \$300.00 Minimum.....		
AGRICULTURAL BUILDING			
New Building	\$0.20 per sqr ft (all areas all levels) \$150.00 Minimum.....		
Remodel/Addition	\$9.00 per \$1000 of valuation \$150.00 Minimum.....		
MISCELLANEOUS			
Decks, each	\$0.28 per sqr ft (all areas all levels) \$150 Minimum.....		
Pools	\$150 Above Ground / \$225 In-Ground.....		
Special Inspections	\$150.00 for the first hour, \$100 per hour after, 1 hour minimum		
Permit to start instruction of footings & foundation only			\$400.00
RAZING Residential	\$150.00.....		
Commercial	\$225.00.....		
Other			
Minimum Permit Fees	Residential and Agricultural \$150 Commercial \$300		
Reinspection Fee \$125	Failure to call for an inspection \$125		

TRIPLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED. PERMIT FEES ARE NON-REFUNDABLE, NON-TRANSFERABLE.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agent or Inspector, and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hour notice.

SIGNATURE OF APPLICANT _____ DATE _____

FEES	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee _____	CK # _____	Permit Expires 18 months from date of issuance	Name _____
NO REFUNDS	Date _____		Date _____
ON PERMITS	From _____		Cert.No. _____
	Rec.By _____		