

# Town of Genesee

S43W31391 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
<b>RESIDENTIAL- 1 and 2 Family</b>		
New Structure		\$0.35 per sqr ft (all areas all levels) \$150 Minimum.....
Remodel / Addition		\$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.....
<b>COMMERCIAL - INDUSTRIAL</b>		
New Building		See Fee Schedule.....
Remodel/Addition		\$13.00 per \$1000 of valuation \$300.00 Minimum.....
<b>AGRICULTURAL BUILDING</b>		
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.....
<b>MISCELLANEOUS</b>		
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
<b>Permit to start instruction of footings &amp; foundation only</b>		\$400.00
<b>RAZING Residential</b>		\$150.00.....
Commercial		\$225.00.....
<b>Other</b>		
<b>Minimum Permit Fees</b>		Residential and Agricultural \$150    Commercial \$300
<b>Reinspection Fee \$125</b>		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 _____ <b>NO REFUNDS</b> <b>ON PERMITS</b>	CK # _____ Date _____ From _____ Rec.By _____	Permit Expires 12 months from date of issuance _____	Name _____ Date _____ Cert.No. _____