

Town of Genesee

S43W31391 HWY 83
 Genesee Depot, WI 53127
 Mailing address: P O Box 242
 Genesee Depot, WI 53127

For inspections call:
 262-825-8820

Zoning approved by: _____

Project Location (Building Address)	
Project Description	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND TWO FAMILY

Permit NO.
TAX KEY #
BUILDING PERMIT #
Zoning Permit #

General Building Permit Application

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 _____ NO REFUNDS ON PERMITS	CK # _____ Date _____ From _____ Rec.By _____	Permit Expires 12 months from date of issuance _____	Name _____ Date _____ Cert.No. _____