City of Spooner **Building Permit Application** **Permit #:**_____

Date: _____/_____/_____ **Work to Begin:** _____/_____/_____ CS #:_____Parcel #: 65-281_____

Building / Site Address: _____

Owner's Name: _____

Mailing Address: _____

Telephone #: _____ Cell #:_____ E-mail: _____

WORK DONE BY: _____owner _____contractor

Contractor's Name: _____

Mailing Address: _____

Telephone #: _____ Cell #:_____ Fax #:_____

E-mail: _____

Notice: No person or entity may engage or offer to engage in construction business in Wisconsin unless they hold a Building Contractor Registration, or equivalent, issued by the Safety and Buildings Division of the Wisconsin Department of Commerce.
For further information, go to website: www.commerce.wi.gov/SB/SB-BuildingContractorProgram.html

Wisconsin Dwelling Contractor License #: _____ Dwelling Contractor Qualifier License #: _____

Wisconsin Construction Business Registration #: _____

Note: Copy of Liability Insurance policy mailed or fax to City of Spooner (fax: 715-635-9319) required to issue building permit.

Ownership: ___ Private ___ Public **Has building ever been damaged by fire**: ___ yes ___no ___ unknown
Proposed use: ___residential (one family) ___residential (two or more units) # of units_____ ____industrial ___commercial
State approved: ___yes ___no ▫**Sign Permit** _____ ▫**Fence Permit**_____
Describe in detail description of all work to be completed under this permit:

Setbacks (Must meet the required setbacks according to the specific zoning for this lot)
▫Front yard set back_____ ▫ Side yard setback _____▫side 1 _____▫side 2 ▫ Rear setback_____ ▫Corner lot: __yes __no (If yes, Setback on corner same as front yard setback)

COST ESTIMATE: _____ FEE: _____ PAID _____

(Total of Materials and Labor) (Pay to: City of Spooner)

I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state, municipality or inspection agency; and certify that all the above information is accurate.
I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.
In granting this approval, the City of Spooner and its designated building inspection agency reserves the right to require changes or additions, should conditions arise making them necessary for code compliance. As per state stats 101.12(2), nothing in this review shall relieve the designer of the responsibility for designing a safe building, structure, or component. The City of Spooner and its designated building inspection agency does not take responsibility for the design or construction of the reviewed items.

Applicant Name (Print:) _____ **Sign:** _____ **Date:** _____/_____/_____

Note: If Contractor is signing permit, then must have Wisconsin Dwelling Contractor License and Dwelling Contractor Qualifier License.

APPROVAL OF BUILDING INSPECTOR:

Inspector Name (Print:) _____Sign: _____ Date: _____/_____/_____
Tel. (715) 635-8769 Fax: (715) 635-9319 Address: 515 N. Summit Street, P.O. Box 548, Spooner, WI 54801

Note: Must complete all items on this form that are underlined in bold print.