

City of Spooner Land Use 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 #: _____ Lead Certification #: _____

Wisconsin Electrical License # _____

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 setback _____ ◦ 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 ZONING ADMINISTRATOR:

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.