

CITY OF FRANKLIN**BUILDING PERMIT APPLICATION**

9229 W. LOOMIS ROAD, FRANKLIN, WI 53132

Phone: (414) 425-0084 E-mail: generalinspection@franklinwi.govApplication Forms and Handouts can be found at www.franklinwi.gov

Application No. _____

Permit No. _____

Project Address		Unit or Suite #	Project/Business Name (if applicable)
Property Owner's Name		Owner resides or will reside at job address	Email Address
Mailing Address	City	Zip	Phone
Contractor Name		WI DC# / Exp. Date:	
		WI DCQ# / Exp. Date:	
Dwelling Contractor Qualifier Name (1 or 2 family dwellings)		Email Address:	
Mailing Address	City	Zip	Phone: Fax:
Applicant (if other than owner or contractor)		Email Address	
Mailing Address	City	Zip	Phone

Project Type: ☐ 1 & 2 Family ☐ Commercial ☐ Industrial ☐ Institutional ☐ Multi Family - # of Units _____**PERMIT TYPE: *THESE ITEMS HAVE PLAN REVIEW FEES DUE WITH APPLICATION – PLEASE SEE RESPECTIVE HANDOUTS.**

- | | |
|--|---|
| <input type="checkbox"/> New (other than 1 & 2 family) | <input type="checkbox"/> Fence – Type and Height _____ |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> On Slab <input type="checkbox"/> On Deck |
| <input type="checkbox"/> Alteration - WORK AREA _____ sq. ft. | <input type="checkbox"/> Pool <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground (Ht. above ground) _____ |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Deck <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Pool |
| <input type="checkbox"/> Building Damage Repair | <input type="checkbox"/> Accessory Bldg./Garage (> 120 sq. ft.) Size _____ on slab |
| <input type="checkbox"/> Building Move | *(plan review fee required for > 150 sq. ft.) |
| <input type="checkbox"/> Foundation Repair | <input type="checkbox"/> Accessory Building (wood) OR <input type="checkbox"/> Prefab. Storage Encl. |
| <input type="checkbox"/> Fireplace | (metal, vinyl, resin) (120 sq. ft. or <) Size _____ |
| <input type="checkbox"/> Reroofing <input type="checkbox"/> Complete Tear Off <input type="checkbox"/> Over One Layer - Type of Material _____ | |
| <input type="checkbox"/> Residing - Existing Material _____ Replacement Material _____ | |
| <input type="checkbox"/> Other _____ | |

Additional Project Description: _____

Estimate "Net" Total Project Cost: \$ _____ Estimate Total Project Cost: \$ _____

Cautionary Statement to Owners Obtaining Building Permits

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that: If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur: (a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit. (b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

CONTACT PERSON (print) _____ **PHONE** _____**APPLICANT'S SIGNATURE** _____ **DATE** _____

**FAILURE TO OBTAIN PERMIT PRIOR TO STARTING WORK
FIRST OFFENSE TRIPLE FEES, SUBSEQUENT OFFENSES QUADRUPLE FEES
SEPARATE PERMITS REQUIRED FOR PLUMBING, ELECTRICAL AND HVAC**