

PARCEL # \_\_\_\_\_

PERMIT # \_\_\_\_\_

# Town of Dale BUILDING PERMIT APPLICATION

Owner(s) \_\_\_\_\_ Phone \_\_\_\_\_

Project Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Contractor License # \_\_\_\_\_

Contractor's Address \_\_\_\_\_ City, ST, Zip \_\_\_\_\_

Type of Occupancy \_\_\_\_\_ Square Footage of Project \_\_\_\_\_

Project Description \_\_\_\_\_ Project Cost \_\_\_\_\_

Conditions of Approval \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### REQUIREMENTS OF PERMITTING

- Possess and post required Zoning & Building Permits BEFORE starting any construction
- Property pins exposed on the first inspection for any additions or new construction
- Same day road clean-up is the responsibility of the owner/contractor
- All work to meet the STATE Codes or re-inspection fees will be charged for improper installations
- The owner/contractor is responsible for making arrangements for the final inspection
- A minimum of 24-hours notice is required for inspection requests

**REQUIRED INSPECTIONS:** Foundations, Framing, Mechanicals Rough-ins, Insulation, Final(s)

**ZONING PERMIT REQUIRED:**                      Y / N      County / Town      # \_\_\_\_\_

**ADDITIONAL PERMITS:** (circle)      **Electrical**      **HVAC**      **Plumbing**

**BUILDING INSPECTOR: Tom Spierowski**

Office      (920) 836-2007

Mobile      (920) 428-3361

Email      [buildinginspector@townofclayton.net](mailto:buildinginspector@townofclayton.net)

**TOTAL FEE(s)**      \$ \_\_\_\_\_

**PAYABLE TO:**      Town of Dale  
8348 County Rd T  
Larsen, WI 54947

Building Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_