

Municipality **VILLAGE OF SURING**  
**Bobbie Krozell – Building Inspector**  
**N3082 Grass Lk. Rd., Clintonville, WI 54929**  
**(715) 823-9140 Fax (715) 823-9110**

Permit No. \_\_\_\_\_  
 Parcel No. \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Permit Fee: \_\_\_\_\_  
 Date: \_\_\_\_\_

# BUILDING PERMIT

Owner/Contractor \_\_\_\_\_ Address \_\_\_\_\_  
 Project Type \_\_\_\_\_  
 Lot # \_\_\_\_\_ Subdivision \_\_\_\_\_ Zoning \_\_\_\_\_  
 Comments \_\_\_\_\_ Application Date \_\_\_\_\_

Why Issued		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage-Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage-Separate
<input type="checkbox"/> Remodel-Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	Other _____
<input type="checkbox"/> Remodel-Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck			
Estimated \$ _____			

Building Size Information		Set Backs Accessory Bldg	Lot information
O.A. Dimension _____	1st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> Floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> Floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports—Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Contractor E-mail \_\_\_\_\_

Architect/Designer \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of the Building Code and Zoning Ordinance of the listed municipality and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor or designee thereof, as a condition of receiving this permit.

Applicant (signature) \_\_\_\_\_ Applicant (print) \_\_\_\_\_

State DC # \_\_\_\_\_ State DCQ# \_\_\_\_\_ Approved by \_\_\_\_\_

Permits granted by:  Board of Appeals State Bldg Permit # \_\_\_\_\_ Stormwater # \_\_\_\_\_

**THIS PERMIT DOES NOT COVER PLUMBING, ELECTRICAL OR HEATING INSTALLATIONS**

**APPLICANT SHALL CALL THE INSPECTION DIVISION FOR REQUIRED INSPECTION: 715-823-9140 or 715-853-3166**

Reasonable Accommodations for persons with disabilities will be made upon request and if feasible.

White-Office

Pink- Assessor

Goldenrod-Applicant