

VILLAGE OF SURING

Municipality _____
Duff Leaver Building Inspector
 W4104 St. Hwy. 64, Bryant, WI 54418
 (715) 216-4734 Email: duffleaver@me.com

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 _____	2nd Floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3rd 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: 715-216-4734 or 715-882-2080

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

White-Office

Canary-Assessor

Pink-Applicant