

P.O. Box 344 • 96 Russell Drive • Random Lake, WI 53075 Phone: (920) 994-4852 • Fax: (920) 994-2390

Commercial & Industrial Permit Application

Job Location (identify exact address)				Date Permit#			
Owner's Name		Phone Number	hone Number Contact's Name (When Relevant)		Phone Nur	Phone Number	
Owner's Address (if different	ent from above)		City	State Zip Code			
Contractor's Name Lie		License Number	icense Number Contractor's Contact Name		Phone Nun	Phone Number	
Contractor's Address			City		State Zip Code		
It	is the responsibilit required insp inspection fe	y of the permit holder pections If the inspec se will be charged.	r to arrange for appointment times when ent ctor cannot access the work site or if the wo	ry is available rk is not visib	e for the le, a re-		
Use of Building	Type of Work		Item	Qty.	Fee	Amount	
☐ Commercial	□ New						
☐ Industrial	☐ Addition						
	☐ Alteration/Repa	ir Decks & Porches			.20/sq. ft.		
		Fences	Fences		\$50.00		
		Accessory Build	Accessory Buildings		.20/sq. ft. or \$30 minimum		
		Re-Roof	Re-Roof		\$ 100.00		
		Pools	Pools		\$ 100.00		
		Erosion Control	Erosion Control – Plan Review		\$ 150.00		
		Erosion Control	Erosion Control – Inspection		\$ 150.00		
		Additional Inspe	Additional Inspection - Call Back - Erosion		\$ 475.00		
Required for exterior design, appearance and location		Architectural Re	Architectural Review Board		\$ 45.00		
Required for fences, accessory buildings, decks & porches, pools, etc.		hes, Plan Commission	Plan Commission Review		\$ 45.00		
Required for new construction, additions, fences, pools, accessory buildings, etc.		Zoning Permit	Zoning Permit		\$ 45.00		
Refer to current connection rate schedule w/DPW		V Sewer Connection	Sewer Connection Fee		Refer to DPW		
		Re-inspection Fe	ee		\$ 75.00		
		Construction & most recent Stat	HVAC permit fees shall be 75% of the te of WI fee schedule.				
		Plumbing permi State of WI fee	it fees shall be 75% of the most current schedule.				
Note: If any work is commence obtained, the fees shall be doubt	ed before the permit has led with no exceptions.						
	consin codes applicable	to the occupancy and work	d work to be performed on it. I agree to comply with a stated above. I understand that any false misinformation		Sub Total:		
			Base Fee:	(Add to Subtotal)		\$40.00	
Total:						-	
Applicant Signature		Print Name		Date			
Office use only Permit Paid By:				Date			