

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

Building Permit Application

Job Location (identify exact address)						Date	Permit#		
Owner's Name Ph			Phone Number Contact's Name (When Relevan		vant)		Phone No	umber	
Owners Address (if different from above)				City		State	Zip Code	Zip Code	
Contractor's Name			se Number	Contractor's Contact Name			Phone Number		
License Number									
Contractor's Address				City		State	e Zip Code		
	It is the responsibi available fo work is no	lity of t or the i t visibl	he permit hold required inspec e. a re-inspecti	ler to arrange for appointme ctions If the inspector canno ion fee will be charged.	ent times work access th	vhen entry is ne work site	or if the		
Use of Building	Type of Work		Item		Size		Fee	Amount	
☐ Residential ☐ Multi-Family	□ New	F	Residence (One &	& Two Family)			.30/sq. ft.		
	☐ Addition	F	Residential Addit	tions			.30/sq. ft.		
	☐ Alteration/Repa	air At	tached/Detached	Garage			.25/sq. ft.		
			Plan Review: House & Garage				.12/sq. ft.		
			State Permit Seal (\$33.00 (State fee) + \$10.00)				\$43.00		
			Occupancy Permit (House & Garage)				.05/sq. ft.		
			Remodeling (Includes Plan Review)				.20/sq. ft.		
			Erosion Control				\$150.00.		
			Decks & Porches				.20/sq. ft.		
			Storage Sheds				\$30.00		
			Re-Roof				50.00		
			Re-Siding				50.00		
			Swimming Pools (above ground/in ground/spas)			1	80.00		
			Fence			1	30.00		
Required for exterior design, appearance and location			Architectural Review Board				45.00		
Required for fences, accessory buildings, decks & porches, pools, etc.			Plan Commission Review				45.00		
Required for new construction, additions, fences, pools, accessory buildings, etc.			Zoning Permit				45.00		
			Expedited Meeting Fee (Nonrefundable)				100.00		
		R	Le-inspection Fee	2			75.00		
NOTE:									
Separate permits are needed : Plumbing	for Electrical, HVAC, &	ž							
If any work is commenced be obtained, all of the above fee		s							
All calculations for square fo dimensions.									
I attest that the above infor	e and State of Wiscons	sin code	s applicable to the	posed work to be performed on it coccupancy and work stated above andom Lake ordinances.			SUB TOTAL:		
				BASE FEE (add	to sub	total):		\$40.00	
OFFICE USE ONLY Permit Paid By:			Date: Initials:			Permit Total:			
Applicant Signature			Print Name			Date			