

BUILDING PERMIT APPLICATION

*Gordon C. Hoffmann, Inspector
2726 Maple Rd., Jackson, WI 53037
Tel. # 677-2270 Fax # 677-1855

Town of ADDISON

Date: _____

Tax Key # T1- _____

Owner: _____ Phone # _____

Current Address _____ Fax# _____
(City, State, Zip Code)

Project Address: _____

Contractor: _____
(Need both) *Dwelling Contractor (DC) Cert.# _____
*Dwelling Contractor Qualifier (DCQ) Cert. # _____

Address: _____

Phone# _____ Cell # _____ Fax # _____

Principal Building Information

Type of Building _____
Proposed Use _____
Cost of Project _____
Septic Permit # _____
Type of Heat _____ Fuel _____
Air Conditioner Yes _____ No _____

Additions, Detached Structures, & Misc.

Type of Project _____
Proposed Use _____
Size of Project _____
Cost of Project _____
Sign-Off Sheet from Planning & Parks Dept.-
2 Sets of Building Plans (Tel. #335-4445)
2 Copies of Survey Site Plan or Building
Location Sketch of lot, if approved by
Inspector.

Submit:

- 2 Sets of Complete Building Plans
- 1 Set of Energy Calculations
- 2 Copies of Survey - Where House has been
staked by surveyor & also showing the
Erosion Control Location & Tracking Pad
Culvert Location Staked

***Please provide all applicable information
Or Permit can not be processed.**

Shoreland _____

Zoning District _____

Flood/Wetland
Yes ___ No ___

State-Plans Submitted

Building _____
HVAC _____
Plumbing _____
Lighting _____

For Office Use Only		Project _____	
Basement _____	Area _____	Occup _____	Plan _____
Garage _____	Site Built _____	Heating _____	Insp _____
Manufactured _____	_____ Story	Air _____	Seal _____
A - D Garage _____		Zoning _____	Other _____
		House # _____	TOTAL _____
		Culvert _____	
		Erosion _____	

The undersigned hereby attest that the above information and attachments hereto are true and correct.

Name: _____ Date: _____