



**Town of Sheboygan**  
 1512 N. 40<sup>th</sup> St  
 Sheboygan, WI 53081  
 Phone (920) 451-2320

**For Inspections**  
 Please Call  
 SAFEbuilt @ 262-346-4577 & leave  
 information or  
 e-mail  
 hartfordinspections@safebuilt.com

**APPLICATION FOR BUILDING PERMIT -Residential Only**

Date \_\_\_\_\_ Permit No. \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fee \_\_\_\_\_  
 Location of Structure \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Owner's Address \_\_\_\_\_  
 Applicant Name (If different than owner) \_\_\_\_\_  
 Contractor \_\_\_\_\_ Address \_\_\_\_\_  
 Contractor's License Certification No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Remarks \_\_\_\_\_ Cost of Project: \_\_\_\_\_  
 Describe Work to be Done \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Additions/Garages/Sheds/Accessory Buildings:** **Zoning:** \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Sq.Ft. Height \_\_\_\_\_ Ft.  
**Setbacks from Property Lines:** Street \_\_\_\_\_ Ft. Rear \_\_\_\_\_ Ft. Side \_\_\_\_\_ Ft. Side \_\_\_\_\_ Ft.

**Administration Fee.....\$75.00**  
**Plan Review Fee (if applicable).....\$20.00**  
**First \$3,000.00 of Construction Cost.....\$35.00**  
**\$15.00 for each additional \$1,000.00 of construction cost.....\$ \_\_\_\_\_**  
**Each Additional Inspection..... @ \$35.00 Each\*\*.....\$ \_\_\_\_\_**  
**Total Permit Charge.....\$ \_\_\_\_\_**

**\*\*Number of inspections to be determined by inspector. Reinspections required to clear a failed inspection will be charged back at a rate of \$138.00 per reinspection.**

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and it is further agreed to construct, alter, repair and install in strict compliance with the Building Ordinance and other Ordinances of the Town of Sheboygan and the State Building Code of Wisconsin and to obey any and all lawful orders of the inspector of buildings of the Town of Sheboygan. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for any and all damage to persons or property caused by and arising from the grant and exercise of such privilege.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: If this project is a building addition, an additional sewer connection fee may be required per Sanitary District 2 (Sewer) Ordinance pursuant to the UCE Rating Formula.**

**This permit expires twelve (12) months from date of issuance.**

**NO STRUCTURES ARE ALLOWED TO BE BUILT WITHIN SETBACK AREA OR EASEMENT AREA**

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**Cautionary Statement to Owners  
Obtaining Building Permits**

**101.65(Ir) of Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:**

**If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654(2)(a), the following consequences might occur:**

- (a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.**
  
- (b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and 2-family dwelling code or an ordinance enacted under Sub. (1)(a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_