



Building Emergency Communications Permit Application

Administered by the Village of Grafton Inspection Office
860 Badger Circle, Grafton, WI 53024
p (262) 375- 5305 f (262) 375-5302
Jmicech@village.grafton.wi.us

JOB ADDRESS: _____

Type: Commercial Industrial Residential
 New Alteration (Existing System) Addition (Existing System)

CONTRACTOR INFORMATION:

Firm's name: _____ Address: _____
City/State: _____ Zip: _____ Phone: _____
Email address: _____
License holder name: _____ Lic. #: _____

PROPERTY OWNER INFORMATION:

Property owner's name: _____
Address of owner (if different than job address): _____
City/State: _____ Zip: _____ Phone: _____
Email address: _____

BUSINESS / LESSEE INFORMATION:

Business name: _____ Address: _____
City/State: _____ Zip: _____ Phone: _____
Owner's name: _____ Email address: _____

PROJECT INFORMATION:

Description of work: _____
Value of work: _____ **Project square footage:** _____

FEE:

Bi-Directional Amplifier Plan Review	\$100.00
Acceptance Testing	<u>\$100.00</u>

Fee Total: _____

Checks should be made payable to the Village of Saukville and mailed with the application to the permit administrator – the Village of Grafton (address above).

I hereby certify that all statements forms and attachments submitted hereto are true and correct to the best of my knowledge.

Name of applicant (please print): _____

Applicant signature: _____ **Date:** _____

****Request for Inspections will not be scheduled unless the Permit Number is supplied at the time of the request****