



BUILDING PERMIT APPLICATION

Administered by:

Village of Grafton Inspection Office
860 Badger Circle, Grafton, WI 53024
Phone-262-375-5305 Fax-262-375-5302

Jmicech@village.grafton.wi.us

Permit Fees payable to the Village of Saukville

Date: _____

Job Address: _____

Land Use: Residential Commercial Industrial Other _____

Type: New Addition Alteration / Remodel

Required Information

Contractor Information:

Applicant is: Property Owner Owner's Agent Contractor Other _____

Firm's Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

City/State: _____ Zip: _____ Contact Name: _____

E-mail Address: _____

(Please fill out the Contractor Information Form, if you haven't already done so to supply your address, license numbers, etc.)

PROPERTY OWNER INFORMATION:

Parcel Number: _____ Lot/Block: _____ Subdivision: _____

Owner's Name: _____

Property Address: _____

City/State: _____ Zip: _____ Phone: _____

Email Address: _____

If Applicable:

Lessee(s) Name(s): _____

Address: _____

City/State: _____ Zip: _____ Phone: _____

Alternate Telephone Number(s): _____ Fax Number: _____

E-mail Address: _____

DESCRIPTION OF WORK: _____

Value of work: \$ _____

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'S SIGNATURE: _____

**** Request for inspections will not be scheduled unless the permit number is supplied at the time of the request****



CONTRACTOR INFORMATION FORM

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CONTRACTOR:

Business Name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail address: _____

Mailing address (If different from Business address): _____

City: _____ State: _____ Zip Code: _____

CONTRACTOR NAME: _____

A) Dwelling Contractor Certification # _____ Expires: _____

B) Dwelling Contractor Qualifier License # _____ Expires: _____

C) WI. Lead Safe Contractor _____ WI. Lead Safe Renovator: _____

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

Name of Contractor: (Please Print) : _____

Contractor's signature: _____ Date: _____

***** State Certification Card must be submitted with Contractor Information Form *****