

La Crosse Fire Department - Community Risk Management 400 La Crosse St, La Crosse, WI 54601 • (608) 789-7530 • http://www.cityoflacrosse.org • inspection@cityoflacrosse.org

APPLICATION FOR BUILDING PERMIT

lackio K	uohlma	ınn						
Jackie K	uemma	(1111		City		State	Zip Code	
Address of Above: Street 2009 West Ave S				•			54601	
Cell: Fax:							0.001	
-7268					mann@inla	ann@inlandpackaging.com		
TION								
tact: Cha	d Herb	ers						
Address of Above: Street				City State Zip Code				
1450 Oak Forest Dr				Onalaska WI		WI	54650	
		Fax:	x: Email:					
		608-781-1451 chad.h		nerbers@la	cros	sesign.com		
PROJECT INFORMATION								
Description of Work: If Description include intended use of land after description								
				d flat alı	ıminum wall	eian		
Project Type: □ Building □ Addition ■ Sign □ Alteration/Remodel □ Demolition					arriirarri wan	oigii.		
Architect/Engineer Name: Archite			tect/Engineer Phone:		Level of Alteration (per IEBC):			
N								
Nbr. Dwling Units:		Flood Plain: ☐ Yes ☐ No					Archaeological District: ☐ Yes ☐ No	
Building Construction Type:			Occupancy	/ Type:				
				31.				
FEE INFORMATION Copies: Plan Review: Permit:		Record Mto		ce: Other:		Total:		
\$			\$		\$		\$	
ouilding or prop tions set forth t compliance w	n this statem the ordinate	e described, to be issued ent, and as more fully ances of the City of L ration, repairs, remove	ned and granted by described in the a Crosse, and to al and safety build	by the La Crosse e specifications a obey any and all dings and other	Fire Department - Commond plans herewith filed; a lawful orders of the La	munity Ris and it is fu Crosse Fire	k Management, that the work rther agreed to construct, e Department - Community	
					1/26/2021			
Agent/Contractor: (Print)				(Sign)	(1	Date)	(WI Cred/Qual)	
Owner: (Print) OFFICE USE ONLY				(Sign)	(1	Date)		
			Inspector:			Date:		
	TION Fact: Cha Ins ON Nbr. Dwlin V: Compliance wing to the const	Description If Demolition includ Install or Archite ON Nbr. Dwling Units: Permit: \$ as owner, owner's agent or uniding or property as above tions set forth in this statem to compliance with the ordin ing to the construction, alte (Print)	Permit: s. s. s. s. s. s. s. s	Fax: Fax: 608-781-1451	City La Cross Fax:	City La Crosse Fax:	Fax: Email: jkuehlmann@inlandpail: jkuehlmann. jkuehlmannn. jkuehlmannnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnn	