

La Crosse Fire Department

Division of Community Risk Management inspection@cityoflacrosse.org (P) 608.789.7530 (F) 608.789.7589 http://www.cityoflacrosse.org/your-government/departments/fire-department



APPLICATION FOR BUILDING PERMIT

Revision 1/1/2020

Application Number				Date	Parcel Number:				
OWNER INFORM	ATION								
Name:									
Address of Above: Street					(City		State	Zip Code
Phone:	Cell:			Fax: Email:		Email:			
CONTRACTOR INFORMATION									
Name:									
Address of Above: Street					(City		State	Zip Code
Phone:	Cell:		Fax:		Email:				
PROJECT INFORM	/ATIO	N							
Project Address:									
Construction Cost:			Description of Work: If Demolition include intended use of land after demolition						
Project Type: ☐ Building ☐ Addition ☐ Sign ☐ Alteration/Remodel ☐ Demolition									
Architect/Engineer Name:			Architect/Engineer Phone:				Level of Alte	ration (pe	r IEBC):
PROPERTY INFORMATION									
Zoning:		Nbr. Dwling Units:		Flood Plain: ☐ Yes ☐ No		Fire Limits: ☐ Yes ☐ No		Archaeological District: ☐ Yes ☐ No	
Building Construction Type: Occupancy Type:									
FEE INFORMATION	ON								
	Plan Review:			Permit:):	Other:		Total:
\$ \$	\$		\$	\$		\$			\$
TT IS HEREBY AGREED betwee alter, move, raze, or install and the ochereon will be done in accordance werect, alter, move, raze or install and Risk Management and State of Wisco	ccupancy of a rith the descri occupy in str	building or iptions set fo ict complian	property as above orth in this statem ce with the ordina	e described, to be iss nent, and as more full ances of the City of I	sued and granted by ly described in the s La Crosse, and to ol	the La Crosse pecifications a bey any and al	Fire Department - and plans herewith f l lawful orders of th	Community R filed; and it is t e La Crosse F	isk Management, that the work further agreed to construct, ire Department - Community
Agent/Contractor:			(Print)		(Sign)			(Date)	(WI Cred/Qual)
Owner:			(Print)		(Sign)			(Date)	
OFFICE USE ONLY			(1 11111)			(Sign)		(Date)	
Application Approved: Inspector: Date:									
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