

City of Cudahy
Inspection Dept. 769-2209
Fax: 769-2261

APPLICATION FOR BUILDING PERMIT

Key # _____
Permit # _____
Date Issued _____

ACCESSORY

If you are intending to construct a shed or garage, and a shed or garage currently exists on this property,
STOP! Ask for assistance, **(1 SHED, 1 GARAGE PER PARCEL)**.

- New Construction
- Addition
- Alteration
- Fire Repair
- Raze
- Other
- Detached Garage
- Attached Garage
- Shed
- Other
- Gazebo

Construction Type Lot Width Max. Garage

- Footing/Foundation 30' ----- 528 sq.ft.
- Floating Slab more than 30',
less than 45'--624 sq.ft
- Frame 45' or more ----720 sq.ft
- Masonry
- 2 Family min. 60 ft. lot width, 912 sq. ft.
- 2 Family, 1 Attached, 1 Detached, Detached Max. 720 sq.ft.

BOTTOM PLATES TO BE TREATED LUMBER

Building Dimensions

Depth _____ Width _____

Height _____ (Max. height - 10' shed, 15' garage)

Projection of Overhang _____

PLEASE PRINT PROJECT ADDRESS IN BOX

Please fill in all spaces-- Thank You!

Job Valuation: \$ _____

Occupant: _____

Owner: _____

Owner's Address if Different: _____

City, State, Zip: _____

Owner's Phone Home: _____ **Work**

Contractor/Applicant: _____

Contr./Appl's. Address: _____

City, State, Zip: _____

Contr./Appl's. Phone: _____

Architect's Name: _____

Architect's Phone: _____

Construction Type: _____

Applicant's Email: _____

REMARKS: _____

Applicant, please note: I have received a copy of the City of Cudahy's Informational sheet regarding the construction of an accessory building. I understand that I, as the applicant, have a responsibility to comply with all applicable codes, statutes and ordinances of the City of Cudahy. The issuance of the permit creates no legal liability, express or implied on the Department or the City. All information provided is accurate.

| | |
|-------------------------------|--|
| PERMIT FEE CALCULATION | |
| <u>Plan Review</u> | |
| <u>Total Sq.Ft</u> | |
| <u>Cost per sq.ft.</u> x | |
| <u>Minimum Fee</u> | |
| <u>Processing Fee</u> \$15.00 | |
| <u>Total</u> | |
| <u>Reviewed by:</u> | |

APPLICANT'S SIGNATURE _____ DATE _____

Please Print Name _____