

City of Cudahy  
Inspection Dept.  
(414) 769-2208

**APPLICATION FOR BUILDING PERMIT**

Parcel# \_\_\_\_\_  
Permit# \_\_\_\_\_  
Issued \_\_\_\_\_

**ACCESSORY**

If you plan to construct a shed or garage, and a shed or garage currently exists on this property,  
please ask for assistance: **(1 SHED, 1 GARAGE PER PARCEL)** .

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

**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 \_\_\_\_\_

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.

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

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please Print Name \_\_\_\_\_