

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

**APPLICATION FOR BUILDING PERMIT**

Key # \_\_\_\_\_  
 Permit # \_\_\_\_\_  
 Date Issued \_\_\_\_\_

**BUILDING**

**New Construction**

**Remodel/Repair Other**

- |                      |                       |
|----------------------|-----------------------|
| . 1 Family Dwelling  | . Repair Foundation   |
| . 2 Family Dwelling  | . Res. Addition       |
| . Apartment (3+)     | . Res. Alteration     |
| . Condominium (3+)   | . Fire Damage Repair  |
| . Commercial         | . Razing              |
| . Industrial         | . Interior Demolition |
| . Tower/Antenna      | . Tenant Finish       |
| . Footing/Foundation | . Commercial Alt.     |
| . Other              | . Commercial Addn.    |
|                      | . Moving              |
|                      | . Other               |

Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant, please note:**

The applicant agrees 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 municipality. All information provided above is accurate.

APPLICANT'S SIGNATURE

Date

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

Please Fill in all Spaces - Thank You!

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**PROJECT ADDRESS**

Job Valuation: \$ \_\_\_\_\_

Occupant \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Address if different: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner's Phone Home \_\_\_\_\_

Owner's Phone Work: \_\_\_\_\_

WI Contr. Certification # \_\_\_\_\_

Contractor/Applicant: \_\_\_\_\_

Contr./Appl's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contr./Appl's Phone: \_\_\_\_\_

Architect's Name: \_\_\_\_\_

Architect's Phone: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

**BUILDING PERMIT FEE CALCULATION**

Plan Examination	_____
\$ _____ @ _____ per Thou.	_____
or _____ Sq.Ft. @ _____	_____
Minimum Fee/Building	_____
State Seal	_____
Erosion Control	_____
HVAC (New Homes)	_____
Processing Fee	\$15.00
Total	_____

Reviewed by: \_\_\_\_\_

**OCCUPANCY**

Occ # \_\_\_\_\_  
 Permit Fee \_\_\_\_\_