and a		11333 N. Cedarburg Road
		Mequon, Wisconsin 53092
		Phone: (262) 236-2924
GCONSI .		Fax: (262) 242-9819
www.ci.mequon.wi.us		INSPECTION DIVISION
B	Building Permit App	olication
Date Issued:		Permit Number: B
(Permit expires one year from date of issuance)		Tax Key No:
□ <u>One &amp; Two</u>	<mark>o Family</mark> □ <u>Comm</u>	ercial
PROJECT ADDRESS		
Subdivision		Lot Number
Project:		Cost
Finished Square Footage under cons	truction: 1 <sup>st</sup> floor	2 <sup>nd</sup> floor Addition
Basement Garage	Shed Do	eck Other
Address		City Zip
Home Phone Number		_ Cell Number
Email Address		
Is Property on City Sewer?		Zoning
		_ ARCHITECT
Address		City Zip
Office Number		Cell Number
Email Address		
State Dwelling Contractor Number		Expiration Date
State Qualifier Number		Expiration Date
City use only:  Tree Inspection	Flow Sheet  Culvert	
Arch. Board #	Building Fee Inspection Deposit	Zoning Approval Sanitary Permit #
Arch. Board Fee	Impact Fee	
Check # & Date	Total Fee	

It is hereby agreed between the undersigned, as owner, his agent or servant, and the City of Mequon, for and in consideration of the premises and of the permit to construct, erect, alter or install and the occupancy of building as above described, to be issued and granted by the City Building Inspector, and that the work thereon will be done in accordance with the description herein set forth in this statement, and as more fully described in the specifications and plans herewith filed; and it is further agreed to construct, erect, alter or install and occupy in strict compliance with the ordinances of the City of Mequon, and to obey any and all lawful orders of the City Building Inspector of the City of Mequon, made or issued pursuant to the provision of the Zoning ordinances of the City of Mequon.

## Signature of Applicant:

OF MEO

**Owner/Contractor** 

(If owners' signature, I acknowledge that I have read and understand the cautionary statement)

Print Name:

**Owner/Contractor** 

Date: \_\_\_\_\_