

City of Cuba City

Grant & Lafayette Counties, Wisconsin

BUILDING/ZONING PERMIT APPLICATION

Owner: _____ Address: _____
 Owner's Phone Number: _____

Contractor: _____ Address: _____
 Contractor Phone # _____ Cell Phone # _____

Project Address: _____ Zoning District: _____
 Project Description: _____

Project Construction Type: () Site Constructed () Manufactured
 Project Area: Living Area = _____ square feet
 Curb Cut Needed: () Yes () No Estimated Cost of Improvement \$ _____

ATTACH TO THIS APPLICATION: PLOT PLAN

The plot plan will show the location, boundaries, dimensions, elevations, uses and size of the following:
 Subject Site, Existing & Proposed Structures, Existing & Proposed Easements, Streets and Other
 Public Ways, Off-Street Parking, Loading Areas and Driveways, Existing Highway Access
 Restrictions, Existing & Proposed Street, Side and Rear Yards.

I present that all of the above information is correct. I agree that all work will be done in accordance with the
 Zoning Ordinance and all other Ordinances of the City of Cuba City and all laws of the State of Wisconsin
 applicable to said premises.

 Signature

FOR OFFICE USE ONLY

	<u>Fee</u>	<u>Permit #</u>	Building Inspector Approval:
Building Permit	\$ _____	_____	Yes _____ No _____ BY _____
Zoning Permit	\$ _____	_____	Date Paid _____ Receipt # _____
Sewer Connection/Inspection	\$ _____	_____	
Curb Cut Permit	\$ _____	_____	
Total Paid	\$ _____		

Dwelling Contractor Certification ID# _____ Expiration Date: _____

Dwelling Contractor Qualifier Certification ID# _____

Expiration Date: _____

Building Contractor Registration

ID# _____

Expiration Date: _____

EPA Lead-Safe Certification

ID# _____

Expiration Date: _____

DSPS Electrical Credential

ID# _____

Expiration Date: _____