

CITY OF VIROQUA

APPLICATION FOR

BUILDING PERMIT

PERMIT GOOD FOR ONE YEAR FROM DATE OF ISSUANCE IN
CONFORMANCE WITH ORDINANCE 160 AND 161 – AND AMENDMENTS

DATE _____ 20____ PERMIT NO. _____

PARCEL ADDRESS: _____

PROPERTY OWNER: _____

OWNER ADDRESS: _____

ARCHITECT OR DESIGNER: _____

Name

Address

Phone

CONTRACTOR NAME: _____

Address

Phone

PLUMBING: _____ HEATING: _____ ELECTRICAL: _____

DESCRIPTION OF WORK _____

ESTIMATED FAIR MARKET VALUE OF THE PROPOSED WORK \$ _____

BUILDING PERMIT FEE \$ _____

CONTRACTOR'S SIGNATURE _____ DATE: _____

PROPERTY OWNER'S SIGNATURE _____ DATE: _____

BUILDING INSPECTOR'S SIGNATURE

DATE _____

RECEIPT NO _____