



Inspection & Zoning Department

W194 N16660 Eagle Drive, Jackson, WI 53037

www.villageofjacksonwi.gov

P: 262.677.9696

GENERAL PROJECT APPLICATION

APPLICATION DATE _____, 20____

PERMIT # _____ - _____

PROJECT ADDRESS _____ Unit/Lot #: _____

PROPERTY OWNER INFORMATION

Name(s) _____

Phone (____) _____ - _____ Cell/Home Email _____

Mailing Address _____

City _____ State _____ Zip _____

CONTRACTOR INFORMATION (If property owner put "SELF" and include completed Cautionary Statement Form)

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Contact _____ Office Phone (____) _____ - _____

Mobile Phone (____) _____ - _____ Email _____

*WI Contractor Lic. #: _____, Exp: _____ *WI Qualifier Lic. #: _____, Exp: _____

**License Information is required for contractors wanting to obtain a permit for work on a 1 or 2 Family Dwelling ONLY*

PROJECT INFORMATION

Project Description _____

Size of Building (or remodeled area) _____

TOTAL Cost of Project _____

Cost of Building, HVAC and Labor **ONLY** _____

Do NOT include the cost of plumbing, electrical, landscaping, etc.

By signing above, applicant agrees to comply with the applicable requirements of Village of Jackson Code of Ordinances, State of WI Administrative Codes, and to obey any and all lawful orders of the Building Inspector and all state laws regarding the construction, alteration, repair, removal and safety of buildings and other structures

APPLICANT SIGNATURE: _____ **DATE:** _____

(SIGNATURE REQUIRED)

Permit Fee: \$ _____

Plan Review Fee: \$ _____

Other Fee: \$ _____

TOTAL DUE: \$ _____

For Office Use Only

Amount: \$ _____

Date Received: _____

Payment Type: CH / CC / CASH

Check/Rcpt. #: _____

Received By: _____