

# CITY OF PRESCOTT

800 Borner Street North  
Prescott, Wisconsin 54021-2012  
(715)-262-5544

## APPLICATION FOR COMMERCIAL & INDUSTRIAL PERMIT

**For office use only:**

**APPLICATION NUMBER:** \_\_\_\_\_ **PERMIT NUMBER (if different)** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_ **TIME RECEIVED:** \_\_\_\_\_ **REVISIONS:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Property Index Number:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_

**Lot Dimensions:** Frontage \_\_\_\_\_ Depth: \_\_\_\_\_ Square Feet: \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**Existing Uses:**  Single Family  Multifamily  Commercial/Industrial  Public  
 Retail/Office  Agricultural  Institutional  Other: \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

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

Check *all* applicable items:

### **BUILDING**

New construction

Addition

Alteration/Remodel

Conversion

Foundation only

Unreinforced masonry

After the fact permit

Movement of structure

**Demolition**

Full/partial

**Grading**

Hillside/Non-hillside

Solar

Tenant Improvement

Conditional

Repair

Other \_\_\_\_\_

### **BUILDING (MINOR)**

Roof

Fence/wall

Chimney

**Sign**

Type (wall/pole)

Fixtures (Qty)

Incandescents (Qty)

Ballasts (Qty)

Transformers (Qty)

**Pool**

Public/private

Elect fixtures (qty)

Motor less than 1 hp

Motor less than 5 hp

Pool heater

Backwash disposal

**Elevator or chair lift**

### **ACCESSORY**

Accessory structure

**Paving**

Parking lot

Parking lot improvement

Front yard paving/driveway

### **FIRE PERMITS**

Fire suppression system

Fire alarm

Sprinklers

Underground sprinklers

Monitors

### **MISCELLANEOUS**

Spray booth

Fuel storage tank

Range hood

Satellite dish antenna

Lawn sprinkler system

**Description of Work:** \_\_\_\_\_

Floodplain  Yes  No

Value of Construction: \_\_\_\_\_ Cubic feet: \_\_\_\_\_

For additions: Existing square feet \_\_\_\_\_ Proposed addition: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_ Office #: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Check appropriate boxes and fill in the information requested:

Individual – D.O.B. \_\_\_\_\_ D.L. No. \_\_\_\_\_

Corporation – Corporate No. \_\_\_\_\_  Limited Liability Company or Partnership  
LLC or LLP No. \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

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

Land Trust, Trustee \_\_\_\_\_

Person with Power of Direction: \_\_\_\_\_

Address: \_\_\_\_\_

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

Beneficiaries: \_\_\_\_\_ Address: \_\_\_\_\_

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

**Design Professional:** \_\_\_\_\_

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

Office #: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

State License #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

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

Office #: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Corporation – Corporate No. \_\_\_\_\_  Limited Liability Company or Partnership  
LLC or LLP No. \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

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

Other \_\_\_\_\_

Address: \_\_\_\_\_

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

License #s:

Contractor \_\_\_\_\_ Roofing Contractor \_\_\_\_\_

Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_

Other \_\_\_\_\_

**Applicant (if different from owner):**

Name: \_\_\_\_\_

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

Office #: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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LLC or LLP No. \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

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

Other \_\_\_\_\_

Address: \_\_\_\_\_

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

**SUBCONTRACTOR INFORMATION**

**Plumbing Subcontractor:** \_\_\_\_\_

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

Office #: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check appropriate boxes and fill in the information requested:

Individual – D.O.B. \_\_\_\_\_ D.L. No. \_\_\_\_\_

Corporation – Corporate No. \_\_\_\_\_  Limited Liability Company or Partnership

LLC or LLP No. \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

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

License #: \_\_\_\_\_

**Electrical Subcontractor:** \_\_\_\_\_

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

Office #: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Individual – D.O.B. \_\_\_\_\_ D.L. No. \_\_\_\_\_

Corporation – Corporate No. \_\_\_\_\_  Limited Liability Company or Partnership  
LLC or LLP No. \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

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

License #: \_\_\_\_\_

**HVAC Subcontractor:** \_\_\_\_\_

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

Office #: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check appropriate boxes and fill in the information requested:

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Corporation – Corporate No. \_\_\_\_\_  Limited Liability Company or Partnership  
LLC or LLP No. \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

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

License #: \_\_\_\_\_

**OTHER Subcontractor:** \_\_\_\_\_

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

Office #: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check appropriate boxes and fill in the information requested:

Individual – D.O.B. \_\_\_\_\_ D.L. No. \_\_\_\_\_

Corporation – Corporate No. \_\_\_\_\_  Limited Liability Company or Partnership  
LLC or LLP No. \_\_\_\_\_

Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

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

License #: \_\_\_\_\_

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.

\_\_\_\_\_  
Applicant's Signature and Date

\_\_\_\_\_  
Title

I understand that by applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections during normal business hours for the duration of the permit.

\_\_\_\_\_  
Owner's Signature

Notes

**Office Use Only**

<i>Approval Type</i>	<i>Date</i>	<i>Initial</i>
Building		
Electrical		
Mechanical		
Plumbing		
Concrete		
Engineering		
Water		
Sewer		
Fire		
Landscaping		
Medical Gas		
Zoning		
Historical		
Special Inspections		
Site Plan		
Flood Plane: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other:		

PLAN REVIEW/BLDG INSPECTION FEE	\$ _____
ADMINISTRATIVE FEE	\$ _____
SEWER CONNECTION FEE	\$ _____
WATER CONNECTIONS FEE	\$ _____
FIRE REVIEW/INSPECTION FEE	\$ _____
FIELD VERIFICATION SURVEY	\$ _____
IMPACT FEE	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>