

Application for Building Permit

Village of Waldo

Date:	Permit NO: (Assigned by Inspector)
Owner:	Address:
Telephone (Day):	Telephone (Evening):
Project Address:	OR Location:
Tax Parcel No.:	E-Mail:

PERMIT APPLIED FOR / WORK BEING PERFORMED (Check all that apply)

Building
 HVAC
 Electrical
 Plumbing
 Wrecking
 Moving
 Other

For Use As:
 Residential
 Agricultural
 Commercial
 Industrial

<input type="checkbox"/> Contractor:	Address:
Telephone:	Certification #:
<input type="checkbox"/> Plumber:	Address:
Telephone:	Certification #:
<input type="checkbox"/> Electrician:	Address:
Telephone:	Certification #:
<input type="checkbox"/> HVAC:	Address:
Telephone:	Certification #:

Description of Work:

Estimated Cost of Project: \$	Anticipated Start Date:
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Setbacks Reference page 185 of the Waldo Village Code. Permits will not be issued for additions or accessory buildings without the setbacks listed.

Proposed Setbacks (Road) _____Ft (Rear) _____Ft (Side Left) _____Ft (Side Right) _____Ft Accessory / Our-Building Size: _____ X _____

County Shoreland / Floodplain Permit No: _____ Sanitary Permit No: _____

The undersigned hereby applies for a permit to do the work herein described; agrees to comply with the Municipal Ordinances and the conditions of this permit; understands that issuance of this permit creates no legal liability, either expressed or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT: _____

Date Signed: _____

For Department Use Only

The Inspector is to be notified a minimum of 72 hours before all required inspections. Choose a Requirement

Inspections if Required	<input type="checkbox"/> Foundations/Structure	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> HVAC
Permit Fee See Schedule	\$	Paid by: <input type="checkbox"/> Check: #		<input type="checkbox"/> Cash
Other Fees See Schedule	\$	Permit Number :		
Approved: Building Inspector		Date Approved:		