

925 15th Avenue Union Grove, WI 53182 Office - 262-878-2123 Fax - 262-878-1680		COMMERCIAL BUILDING PERMIT APPLICATION TOWN OF YORKVILLE			Permit No. _____			
					Parcel No. _____			
Building Type _____		Use _____			Erosion Control Permit No. _____			
Building Site Address: _____					Suite No. _____			
Owner's Name: _____		Mailing Address _____			Tel. _____ Fax# _____			
Tenant's Name: _____		Mailing Address _____			Tel. _____ Fax# _____			
Contractor's Name: _____		Lic/Cert# _____	Mailing Address _____		Tel. _____ Fax# _____			
PROJECT DESCRIPTION				Is this property within 1000 feet of a lake or 300 feet of a stream/river? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SITE INFORMATION	Lot area _____ Sq. ft.	Bldg Footprint Area _____ Sq. ft.		All Hard Surfaces _____ Sq. ft.		Green Space Area _____ Sq. ft.		
Zoning District(s) _____		Subdivision Name _____		Lot No. _____		Block No. _____		
Sanitary Permit No. _____	Zoning Permit No. _____		Set backs	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.	
1. PROJECT		2. STORIES		3. FOUNDATION		4. SEWER		5. WATER
<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Concrete	<input type="checkbox"/> Municipal		<input type="checkbox"/> Municipal Utility		
<input type="checkbox"/> Alteration	<input type="checkbox"/> Raze	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Masonry	<input type="checkbox"/> Private System		<input type="checkbox"/> Private On-Site Well		
<input type="checkbox"/> Addition	<input type="checkbox"/> Move	<input type="checkbox"/> Other	<input type="checkbox"/> Treated Wood					
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Plus Basement	<input type="checkbox"/> Other: _____					
6. Area Involved				COMMERCIAL		13. MULTI FAMILY BUILDINGS		MULTI TENANT BUILDINGS
				No. of 1 Bedroom Units _____		No. of Tenant Spaces _____		
				No. of 2 Bedroom Units _____				
				No. of 3 Bedroom Units _____				
EFFECTED AREAS				14. FIRE SPRINKLER SYSTEM				
UNFINISHED AREA _____				<input type="checkbox"/> Wet System		<input type="checkbox"/> Dry System		
FINISHED AREA _____								
CANOPY AREA _____								
PORCH / FOYER AREA _____				Area Serviced Wet _____		Area Serviced Dry _____		
TOTAL Sq. Ft. _____ sq.ft.				15. ESTIMATED BUILDING COST \$ _____				
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. No refunds issued after work has begun. By applying for this permit, you are authorizing Town personnel to inspect this property within the scope of their duties.								
APPLICANT'S SIGNATURE _____				DATE SIGNED _____				
APPROVAL CONDITIONS		This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See below for conditions of approval.						
Land Disturbance over one (1) acre will require a DNR "Notice of Intent" to be completed						Municipality Number of Dwelling Location _____		
PERMIT FEES:		BONDS		OTHER		PERMIT ISSUED BY:		
Permit \$ _____	Permit Seal \$ _____	Other \$ _____	Occupancy Bond \$ _____	Erosion Bond \$ _____	Impact Fee \$ _____	Name _____ Date _____		
						Tel. _____ Cert No. _____		