Town of La Grange

Office of the Clerk-Treasurer N8799 County Rd. H • P.O. Box 359 Whitewater, WI 53190

MECHANICAL Permit Application

For Building Inspection call (262) 366-2400 (Vince Budiac) (262) 352-4433 (Scott Johnson)

PERMIT NO.	
TAX KEY#	
BUILDING PERMIT	-#

PROJECT LOCATION (Building Location)		
PROJECT		
DESCRIPTION	Commercial	One & Two Family

			Confinercial One & two ranning
OWNER'S NAME	MAILING	S ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING	GADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTMATED COST		LICENSE NUMBER	
	SCHEDU	LE OF INSPECTION FEES	
NEW BUILDING	Electric Services	Single Phase First 200 amps	
ADDITION,		every additional 100 amps	\$12.00
REMODELING		Three Phase First 200 amp	s \$120.00

Electric Commercial / Industrial \$75 min. + \$.05/sq. ft.

New / Existing Agricultural \$50 min. + \$.02/sq. ft.

every additional 100 amps

SCHEDULE OF INSPECTION FEES

Plumbing New / Existing Commercial / Industrial

Agricultural

\$75 min. + \$.05/sq. ft. Open \$50 + \$5 / fixture

Enclosed \$75 + \$5 / fixture

\$12.00

CONDITIONS OF APPROVAL: This permit is issue pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Commercial, and buildings housing over two families shall have **State Approved** plans with this application. Residential heating plans, heat loss, calculations and specifications of the equipment to be installed with this application. Please call 262-366-2400 for inspections. Give at least 24 hours notice.

Reinspect Fee \$40.00 each
Failure to call for inspection \$35.00 each
DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call 262-366-2400. Give at least 24 hours notice on all inspections.

Signature of Applicant______ Date____

Please include self-addressed envelope with two first-class stamps for permit returned.

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:	
Inspection Fee	Ck # Date From	Permit Expires 90 Days from date unless otherwise	Name	_ _
NO REFUNDS ON PERMITS	Rec. By	noted below	Certification No	_