

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	<input type="checkbox"/> Commercial <input type="checkbox"/> One & Two Family

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	LICENSE NUMBER	

SCHEDULE OF INSPECTION FEES

NEW BUILDING ADDITION, REMODELING

Electric Services	Single Phase First 200 amps	\$80.00
	every additional 100 amps	\$12.00
	Three Phase First 200 amps	\$120.00
	every additional 100 amps	\$12.00

Electric	Commercial / Industrial	\$75 min. + \$.05/sq. ft.
New / Existing	Agricultural	\$50 min. + \$.02/sq. ft.

SCHEDULE OF INSPECTION FEES

Plumbing	Commercial / Industrial	\$75 min. + \$.05/sq. ft.
New / Existing	Agricultural	Open \$50 + \$5 / fixture Enclosed \$75 + \$5 / fixture

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.

TOTAL:

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 _____
Rec. By _____

**Permit Expires
90 Days from date
unless otherwise
noted below**

Name _____
Date _____
Certification No. _____

NO REFUNDS ON PERMITS