

City of Park Falls

400 Fourth Avenue South • P.O. Box 146 • Park Falls, WI 54552
Phone (715) 762-2436 • Fax (715)762-2437
www.cityofparkfalls.com

PERMIT # 2022-_____

BUILDING PERMIT APPLICATION – NON RESIDENTIAL

Applicant's Name: _____

Phone: _____ email: _____

Applicant is: () Owner () Contractor () Other Parcel ID #: 271-_____

Address: _____

Site of proposed work: _____

Legal Description: _____

- () New Construction () Raze Existing building (fee is \$10.00)
() Remodeling () Fence (fee is \$5.00)
() Addition to Existing Structure

Number of Non-Residential Units now on premises: _____

Number of Non-Residential Units on premises when work is completed: _____

PROPOSED WORK:

Structure Work – Exterior Work (Labor & Materials) Estimated Cost:

_____ \$ _____

Plumbing (Labor & Materials) _____ \$ _____

_____ \$ _____

Heating (Labor & Materials) _____ \$ _____

_____ \$ _____

Interior Work - Improvements (Labor & Materials) _____ \$ _____

_____ \$ _____

Building permit fee: \$ _____ TOTAL \$ _____

Fence permit fee: \$ _____

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Has the applicant checked the building code to determine whether or not the proposed work complies with the regulations? () Yes () No

Estimated date for commencement of work: _____

I, _____ having submitted the foregoing application, hereby certify that I am making the statements herein contained from my personal knowledge and that the statements herein are true to the best of my knowledge.

Applicant's Signature: _____

Date: _____

Witness: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date submitted: _____

FEE PAID: \$ _____

Action: () Granted () Denied () Plans Requested

If denied, basis for denial: _____

Signature: _____

Date: _____