



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

PERMIT # 2024-_____

**APPLICATION FOR RESIDENTIAL OR COMMERCIAL/INDUSTRIAL
 BUILDING PERMIT, RAZE PERMIT, DRIVEWAY PERMIT**

Applicant's Name: _____

Address of applicant: _____

Phone: _____ Parcel ID # 271-_____

Applicant is: () Owner () Contractor () Other email: _____

Site address of proposed work: _____ Owner's Name: _____

Description of work being done: _____

Is this a commercial building? () Yes () No

- () New Construction () Raze existing building (fee \$10.00)
- () Remodeling () Accessory building
- () Addition to Existing Structure () Fence (fee \$5.00)
- () Replace siding = If you are replacing siding, you must contact Bill Hoffman, DPW, 715-661-3778.
- () Driveway Permit (fee \$5.00)

Number of Residential Units now on premises: _____

Number of 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)	
_____	\$_____
TOTAL	\$_____



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Building permit fee \$ _____

Fence permit fee: \$ 5.00

Raze fee: \$10.00

Drive Permit fee \$ 5.00

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. I further acknowledge that a SmartPoint Transmitter, for water meter reading, is attached to my home/business and can be easily damaged during any outside installation and construction. Replacement cost of the transmitter (\$150) would be at my expense.

Applicant's Signature: _____

Date: _____

Witness: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date submitted: _____

Fee paid \$ _____

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

Date Paid _____

If denied, basis for denial: _____

Signature: _____

Date: _____

Brentt P. Michalek, City Administrator