

Town of St. Joseph

1337 County Road V
Hudson, Wisconsin
715.549.6235

APPLICATION FOR COMMERCIAL & INDUSTRIAL PERMIT

For office use only:

PERMIT NUMBER _____ **DATE RECEIVED** _____

Property Address: _____

Property Identification Number: _____

Lot Dimensions: Frontage _____ Depth: _____ Square Feet: _____

Zoning District: _____

Proposed Use: _____

Construction Type: _____

Project:

New Construction _____ Repair _____

Alteration _____ Raze _____

Addition _____ Move _____

Other _____

Were the plans reviewed by the State Dept. of Commerce: Yes No

Description of Work: _____

Floodplain: Yes No

Value of Construction: \$ _____ Cubic ft: _____ Square ft: _____

For additions: Existing square feet _____ Proposed addition: _____

Owner: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

Registered Agent: _____

Contact Person: _____

Address: _____

City, State: _____ Zip: _____

Office #: _____ Cell: _____

Design Professional: _____

Address: _____ State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

Contractor: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

Contact Person: _____ Cell #: _____

Wisconsin State License #: _____

SUBCONTRACTOR INFORMATION

Plumbing Subcontractor: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

License #: _____

Electrical Subcontractor: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

License #: _____

HVAC Subcontractor: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

License #: _____

OTHER Subcontractor: _____

Address: _____ City, State: _____ Zip: _____

Office #: _____ Cell: _____ Fax: _____

License #: _____