

Village of Elkhart Lake Building Permit Application



Date: _____

Residential or Commercial (Circle one)

Building Permit

Electrical Permit

Plumbing Permit

OWNER	CONTRACTOR
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Email: _____	License #: _____
	Contact Name: _____

BUILDING PERMIT	ELECTRICAL PERMIT	PLUMBING/HVAC PERMIT
<input type="checkbox"/> Roofing <input type="checkbox"/> Windows <input type="checkbox"/> Deck <input type="checkbox"/> Siding <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Basement <input type="checkbox"/> Accessory Building	<input type="checkbox"/> Outlets <input type="checkbox"/> Single Phase Service <input type="checkbox"/> Water Heater <input type="checkbox"/> Three Phase Service	<input type="checkbox"/> Sinks <input type="checkbox"/> HVAC <input type="checkbox"/> Toilet <input type="checkbox"/> Floor Drain <input type="checkbox"/> Tub/Shower <input type="checkbox"/> Furnace
Work Consists of: _____	Work Consists of: _____	Work Consists of: _____
_____	_____	_____
_____	Contractor: _____	Contractor: _____
_____	License #: _____	License #: _____
_____	Phone: _____	Phone: _____

Use the area to the left to draw the buildings on your lot, providing dimensions from the buildings to the lot lines.

Estimated Cost of Work: \$ _____
Permit Fee: \$ _____

Applicant Signature

****It is the applicant's responsibility to ensure all required inspections are completed.****

Official Use Only

Approved Denied

Date: _____

Permit Number: _____

Notes, conditions, restrictions: _____

Zoning Administrator

Building Inspector