

**COMMERCIAL BUILDING PERMIT
APPLICATION**

www.mtpleasantwi.gov

VILLAGE OF MOUNT PLEASANT

8811 CAMPUS DR, MT PLEASANT, WI 53406

Ph 262-664-7824

Ph 262-664-7825

Email: buildinginspection@mtpleasantwi.gov

Job Address: _____ Permit #

Project Name: _____

Job Owner: _____ Phone: _____

Address: _____ ZIP Code _____

Project: New Bldg. _____ Addition _____ Alteration _____ Other _____

Building Project Area: _____ sq' _____

State Approved Plans Required: Yes No State Plan Approval Date: _____

The Inspector will determine if state approved plans are required for minor alterations.

Notes: _____

Architect: _____

General Contractor: _____

Address: _____

Email: _____

Phone: _____

Plumber: _____ HVAC: _____ Electrician: _____

Fire Protection: _____

THE BUILDING INSPECTOR WILL CALCULATE FEES

Fees: Permit _____ Review _____ Occupancy _____ Erosion _____

Other _____

Total Permit Fee \$ _____

Total Project Cost \$ _____ *(Includes Labor and Materials.)*

The permit applicant shall hereby agree to comply with the Building and Zoning Ordinances of the Village of Mount Pleasant and applicable State of Wisconsin laws regulating the construction of buildings.

Owner or Agent _____ Date _____