

VILLAGE OF MOUNT PLEASANT

8811 Campus Drive
Mt Pleasant, WI 53406

KITCHEN-BATH PERMIT APPLICATION

www.mtpleasantwi.gov
Email: buildinginspection@mtpleasantwi.gov

PERMIT# _____

JOB SITE ADDRESS _____ ZIP _____

JOB OWNER'S NAME _____ PHONE # _____

PERMIT APPLICANT: OWNER CONTRACTOR *(check one)*

- IF THE PERMIT APPLICANT IS THE PROPERTY OWNER, THEN ALSO PROVIDE THE "CAUTIONARY STATEMENT".
- IF THE PERMIT APPLICANT IS A CONTRACTOR, THEN ALSO PROVIDE APPLICABLE CREDENTIAL NUMBERS.
- PROVIDE DETAILED BUILDING PLANS. ELECTRONIC (PDF) PLANS ARE PREFERRED.

DESCRIPTION: Kitchen___ Bathroom___ First Floor___ Second Floor___ Basement___ Other_____

NOTES: _____

Building: \$ _____ + Plan Review: \$ _____ + Occupancy: \$ _____ =Total: \$ _____

Total Project Cost \$ _____ *Required for all permits. Include labor & materials.*

Min.\$60 building, \$60 review, \$60 occupancy Building Inspector will calculate permit fees.

CONTRACTOR _____ PHONE # _____

CONTRACTORS CREDENTIAL# _____ DCQ# _____

ADDRESS/CITY/ZIP _____

APPLICANT E-MAIL _____

APPLICANTS NAME _____ DATE _____

INSPECTOR _____ DATE _____

PLANNING/ZONING _____ DATE _____

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

Email Inspection Requests or send Electronic Documents to: buildinginspection@mtpleasantwi.gov
Building inspections: 262-664-7824 & 262-664-7825