

**VILLAGE OF MOUNT PLEASANT**

8811 Campus Drive  
Mt Pleasant, WI 53406

**KITCHEN-BATH PERMIT APPLICATION**

[www.mtpleasantwi.gov](http://www.mtpleasantwi.gov)

DATE ISSUED \_\_\_\_\_

PERMIT# **B** \_\_\_\_\_

JOB SITE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PERMIT APPLICANT:  OWNER  CONTRACTOR (check one) (If applicant is Owner then also sign Cautionary Statement)

DESCRIPTION: Kitchen  Bathroom  First Floor  Second Floor  Basement  Other \_\_\_\_\_

NOTES: \_\_\_\_\_

- PROVIDE A BUILDING PLAN WITH CABINET LAYOUT AND ALL PERTINENT DIMENSIONS.
- DIGITAL PLANS ARE PREFERRED. PLANS UP TO 11"X17" CAN BE SCANNED FOR OUR RECORDS.
- IF EXISTING WALLS ARE BEING ALTERED, INDICATE EXISTING AND NEW WALL LOCATIONS ON THE PLAN.
- AN ELECTRICAL PERMIT IS REQUIRED IF ALTERING THE ELECTRIC SERVING THE KITCHEN OR BATH.
- A PLUMBING PERMIT IS REQUIRED IF ALTERING THE PLUMBING SERVING THE KITCHEN OR BATH.
- CONTRACTORS THAT APPLY FOR PERMITS MUST PROVIDE THE REQUIRED CREDENTIAL NUMBERS.

Building: \$ \_\_\_\_\_ + Plan Review: \$ \_\_\_\_\_ + Occupancy: \$ \_\_\_\_\_ =

Total Project Cost: \$ \_\_\_\_\_ Total Permit Fee: \$ \_\_\_\_\_

*Min. \$55 building, \$50 review, \$50 occupancy*

CONTRACTOR \_\_\_\_\_ PHONE # \_\_\_\_\_

CONTRACTORS CREDENTIAL# \_\_\_\_\_ DCQ# \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

APPLICANT E-MAIL \_\_\_\_\_

APPLICANTS NAME \_\_\_\_\_ DATE \_\_\_\_\_

INSPECTOR \_\_\_\_\_ DATE \_\_\_\_\_

ZONING APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with Ordinances of the Village of Mount Pleasant and State of Wisconsin laws regulating the construction of buildings and to observe and maintain the legal requirements as provided by the Village of Mount Pleasant Zoning Ordinance.

Inspections: 262-664-7824 or 262-664-7825 or e-mail: [buildinginspection@mtpleasantwi.gov](mailto:buildinginspection@mtpleasantwi.gov)

Effective January, 2011