BUILDING PERMIT APPLICATION

VILLAGE of SIREN
PO Box 23, 24049 First Ave.
SIREN, WI 54872
715 349 2273 •Fax 715 349 2830

Parcel #	
Permit #	
Date	
ISSUED by	

PROJECT ADDRESS									
APPLICANT (Name/Address)									
OWNER				Phone # Cell #					
☐ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL	BLDG:								
WORK CONSISTS of:									
Charle Data		:	latian Data		F-4:				
	Start Date Estimated Completion Date Estimated Cost								
Contractor Name/Address						Phone # Cell #			
WI Dwelling Contractor License# Dwelling Contractor Qualifier Licens		tor Qualifier License	# WI Co	# WI Construction Business Registration #		Lead Certification # (if built prior to 1978)			
Notice: No person or entity may engage in a construction business in Wisconsin unless they hold a Building Contractors Registration or equivalent, issued by the Safety and Buildings Division of the Wisconsin Department of Commerce except for work being performed exclusively by the owner. Note: Copy of Liability Insurance Policy mailed or faxed to Village of Siren required to issue Building Permit									
Building Size	Height	to Peak	Foundation Typ	е	Main W	Vall Construction Roof Type		Roof Type	
Setbacks (must meet req'd setbacks according to the specified zoning) Front yard Side Yard Side 2 Rear							or Wetland □ Yes □ No		
I understand that I am subject to all applicable codes, statues and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied on the Village; and certify that all the above information is accurate.									
As per State Statutes, nothing in this review shall relieve the designer of the responsibility for designing a safe building, structure or component. The Village of Siren and its designated Building Inspector (new Construction) take no responsibility for the design or construction of the review items.									
Total Fee					Date paid				
Signature of Appl	icant						Date		