

Municipality \_\_\_\_\_  
**Duff Leaver Building Inspector**  
**W4104 St. Hwy. 64, Bryant, WI 54418**  
**(715) 216-4734 Email: duffleaver@me.com**

Permit No. \_\_\_\_\_  
 Parcel No. \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Permit Fee: \_\_\_\_\_  
**Date:** \_\_\_\_\_

# BUILDING PERMIT

Owner/Contractor \_\_\_\_\_ Address \_\_\_\_\_  
 Project Type \_\_\_\_\_  
 Lot # \_\_\_\_\_ Subdivision \_\_\_\_\_ Zoning \_\_\_\_\_  
 Comments \_\_\_\_\_ Application Date \_\_\_\_\_

| Why Issued                                |                                 | Type of Building                      |  |
|---|---------------------------------|---------------------------------------|--|
| <input type="checkbox"/> New Building     | <input type="checkbox"/> Moving | <input type="checkbox"/> One Family   | <input type="checkbox"/> Garage-Attached |
| <input type="checkbox"/> Addition         | <input type="checkbox"/> Siding | <input type="checkbox"/> Two Family   | <input type="checkbox"/> Garage-Separate |
| <input type="checkbox"/> Remodel-Interior | <input type="checkbox"/> Fence  | <input type="checkbox"/> Multi-Family | Other _____                              |
| <input type="checkbox"/> Remodel-Exterior | Other _____                     | <input type="checkbox"/> Commercial   |  |
| <input type="checkbox"/> Deck             |                                 |                                       |  |
| Estimated \$ _____                        |                                 |                                       |  |

| Building Size Information |                                  | Set Backs<br>Accessory Bldg            | Lot Information  |
|---------------------------|----------------------------------|--|--|
| O.A. Dimension _____      | 1st Floor _____                  | Front _____                            | <input type="checkbox"/> Corner                              |
| Basement Area _____       | 2nd Floor _____                  | Main Bldg _____                        | <input type="checkbox"/> Interior                            |
| Garage Area _____         | 3rd Floor _____                  | Side Yard _____                        | Type _____   |
| No. Stories _____         | Volume _____                     | Rear Yard _____                        | Size _____   |
| Height _____              | Total Area _____                 |  | Area _____   |
| Main Bldg Setbacks        | Type of Construction             | Foundation                             | Type of Foundation   |
| Set Back _____            | <input type="checkbox"/> Frame   | <input type="checkbox"/> Full Bsmt     | <input type="checkbox"/> Concrete                            |
| Side Yard _____           | <input type="checkbox"/> Masonry | <input type="checkbox"/> Partial Bsmt  | <input type="checkbox"/> Block                               |
| Side Yard _____           | <input type="checkbox"/> Steel   | <input type="checkbox"/> Crawl Space   | <input type="checkbox"/> Pier Supports-Per Engineering       |
| Rear Yard _____           | Exterior Finish _____            | <input type="checkbox"/> Frost Wall    | <input type="checkbox"/> Steel <input type="checkbox"/> Wood |
|                           |                                  | <input type="checkbox"/> Concrete Slab | <input type="checkbox"/> Posts No. _____                     |

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Contractor E-mail \_\_\_\_\_

Architect/Designer \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of the Building Code and Zoning Ordinance of the listed municipality and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor or designee thereof, as a condition of receiving this permit.

Applicant (signature) \_\_\_\_\_ Applicant (print) \_\_\_\_\_

State DC # \_\_\_\_\_ State DCQ# \_\_\_\_\_ Approved by \_\_\_\_\_

Permits granted by:  Board of Appeals State Bldg Permit# \_\_\_\_\_ Stormwater# \_\_\_\_\_

**THIS PERMIT DOES NOT COVER PLUMBING, ELECTRICAL OR HEATING INSTALLATIONS**

**APPLICANT SHALL CALL THE INSPECTION DIVISION FOR REQUIRED INSPECTION: 715-216-4734 or 715-882-2080**

Reasonable Accommodations for persons with disabilities will be made upon request and if feasible.

White-Office

Canary-Assessor

Pink-Applicant