

City of River Falls

COMMERCIAL Permit Application

Application #: -
Parcel I.D. #: - - -

Permit Type: Construction Deck Accessory Bldg Electrical Erosion Control
 HVAC Plumbing Driveway/Parking Lot Lighting Moving Razing (Demo)

Zoning District: _____ | **Setbacks (Feet):** Front _____ Side _____ Rear _____ Left _____ Right _____

PROJECT ADDRESS:

DESIGN DISTRICT APPROVAL.:
Signature _____ Date: _____

<u>Owner's Name:</u>	Owner Mailing Address:	Tel.
		Cell
<u>Building Contractor:</u>	Cert./ Insurance Mailing Address	Tel.
		Cell
<u>HVAC Contractor:</u>	WI Cert. #: Mailing Address	Tel.
		Cell
<u>Electrical Contractor:</u>	WI Cert. #: Mailing Address	Tel.
		Cell
<u>Plumbing Contractor:</u>	WI License #: Mailing Address	Tel.
		Cell

Project Description (Completed by Inspector) **AREA INVOLVED:** _____ sq. ft. **ACCESSORY BLDG:** _____ sq. ft.

Estimated Project Cost (Labor + Materials) \$ _____

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that the above information is accurate. I expressly grant the Building Inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours for any proper purpose to inspect the work in process.

Applicant Name (Please Print)		Date:	_____/_____/_____
Applicant Signature			

Approval Conditions This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Call 715-426-3426 at least 24 hours in advance to schedule inspections.

ROUGH-INS FOR: FOOTINGS (OPEN) FOUNDATION WALLS CONSTRUCTION
 PLUMBING HVAC ELECTRICAL INSULATION

FINAL (CERT. OF OCC. INSP.) DATE: ____/____/____ **INSP.:** _____

Fees:	CENSUS CODE: _____	Permit Issued By:
Permit Fee.....\$ _____	Check #: _____	Joe Lenzen
Comm. Plbg Fee... \$ _____	Receipt #: _____	Cert. #: 70377
Park..... \$ _____		(715) 426-3427
Library.....\$ _____		
Fire.....\$ _____		
Capital Cost.....\$ _____	V\INSPECT\FORMS\BUILDING PERMIT APPLICATION (COMMERCIAL) MAY-11.doc	Date: ____/____/_____
Total: \$ _____		