

City of Park Falls

400 Fourth Avenue South • P.O. Box 146 • Park Falls, WI 54552
Phone (715) 762-2436 • Fax (715)762-2437
www.cityofparkfalls.com

PERMIT # 2022-_____

BUILDING PERMIT/RAZING PERMIT APPLICATION FOR RESIDENTIAL OR COMMERCIAL/INDUSTRIAL

Applicant's Name: _____

Address of applicant: _____

Phone: _____ Parcel ID # 271-_____

Applicant is: () Owner () Contractor () Other email: _____

Site address of proposed work: _____ Owner's Name: _____

Description of work being done: _____

Is this a commercial building? () Yes () No

- | | |
|------------------------------------|--|
| () New Construction | () Raze existing building (fee \$10.00) |
| () Remodeling | () Accessory building |
| () Addition to Existing Structure | () Fence (fee \$5.00) |

Number of Residential Units now on premises: _____

Number of Residential Units on premises when work is completed: _____

PROPOSED WORK:

Structure Work – Exterior Work (Labor & Materials)	Estimated Cost:
_____	\$ _____
Plumbing (Labor & Materials)	
_____	\$ _____
Heating (Labor & Materials)	
_____	\$ _____
Interior Work - Improvements (Labor & Materials)	
_____	\$ _____
	TOTAL
	\$ _____

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Building permit fee \$ _____

Fence permit fee: \$ 5.00

Raze fee: \$10.00

Has the applicant checked the building code to determine whether or not the proposed work complies with the regulations? () Yes () No

Estimated date for commencement of work: _____

I, _____ having submitted the foregoing application, hereby certify that I am making the statements herein contained from my personal knowledge and that the statements herein are true to the best of my knowledge.

Applicant's Signature: _____

Date: _____

Witness: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Date submitted: _____

Fee paid \$ _____

Action: () Granted () Denied () Plans Requested

Date Paid \$ _____

If denied, basis for denial: _____

Signature: _____

Date: _____