



410 Division Street
P.O. Box 146
Park Falls, WI 54552
Phone (715) 762-2436 • Fax (715)762-2437
www.cityofparkfalls.com

PERMIT # 2025- _____

**APPLICATION FOR RESIDENTAL OR COMMERCIAL/INDUSTRIAL
BUILDING PERMIT, RAZE PERMIT, DRIVEWAY PERMIT**

Applicant's Name: _____

Address of applicant: _____

Phone: _____ Legacy Parcel # 271- _____

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

Site address of proposed work: _____

Owner's Name: _____

Detailed description of work being done: _____

Estimated cost of work being done: _____

Estimated date for commencement of work: _____

- () Raze existing building (fee \$25.00)
- () New Construction (fee \$75.00)
- () Remodeling (fee \$25.00)
- () Addition to Existing Structure or Accessory building 300 sq. ft. and under (fee \$30)
- () Addition to Existing Structure or Accessory building over 300 sq. ft. (fee \$50)
- () Fence (fee \$15.00)
- () Driveway Permit (fee \$50.00)
- () Replace siding = If you are replacing siding, you must contact Bill Hoffman, DPW, 715-661-3778.

Number of Residential Units now on premises: _____ Number when completed? _____

Number of accessory buildings now on premises: _____ Number when completed? _____

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

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. I further acknowledge that a SmartPoint Transmitter, for water meter reading, is attached to my home/business and can be easily damaged during any outside installation and construction. Replacement cost of the transmitter (\$150) would be at my expense.

Applicant's Signature: _____ Date: _____

(see reverse for approval)



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OFFICE USE ONLY

Date submitted: _____ Fee amount \$ _____

Fee paid date: _____ () cash () check () credit card

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

If denied, basis for denial: _____

Signature: _____ Date: _____
Scott Kluver, City of Park Falls City and Zoning Administrator