Town of Polk
3680 State Hwy 60
Slinger, Wi 53086
Zoning Department, 262-677-2123 ext. 3

For inspections:
262-825-8820
Inspector.lci@gmail.com

DC # _____
D.C.Q. # _____
Date _____
Building Permit # _____
Tax Key # _____

Building Permit Application

Expires 18 months from date of issuance

Name _____ Phone ( ) _____
Address _____
Contractor _____ Phone ( ) _____
Address _____
Email _____
Project Location _____
Project Description _____

Zoning District:_____ Lot Size:_____ # of existing Acc. Structures._____Total sq.ft. of existing Acc. Structures_____
Setbacks: Front_____Rear:_____Left:_____ Right:_____ Bldg. Height_____
Inspector Signature _____ Zoning Permit # _____

Permit Fees — **No refunds on permits**	**Quantity**	**Fee**
RESIDENTIAL - 1 and 2 Family		
New Structure		
Remodel/Addition		
Erosion Control		
State Seal		
Accessory Structure		
COMMERCIAL - INDUSTRIAL		
New Building		
Remodel/Addition		
AGRICULTURAL BUILDINGS		
New Building		
Remodel/Addition		
MISCELLANEOUS		
Decks, each		
Pools		
Special Inspections		
Permit to start construction of footings & foundation only		
OTHER Residential		
Commercial		
RAZING Residential		
Commercial		
TRIPLE fees shall be charged if work is started before permit is issued		

Project Value_____ **Check #**_____ **Rec'd by**_____ **Date**_____ **Total Permit Fee**_____

Conditions of Approval:_____

The applicant agrees to comply with the Wisconsin Uniform Dwelling Code and other Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, on the Department, or Municipality; and certifies that all the above information is accurate.

SIGNATURE OF APPLICANT _____ **DATE** _____

White - Municipal File • Yellow - Inspector's Office • Pink - Clerk/Assessor • Gold - Receipt