



DEPARTMENT OF BUILDING INSPECTION
 CITY HALL
 900 QUAY STREET
 MANITOWOC, WISCONSIN 54220
www.manitowoc.org

APPLICATION AND PERMIT

PERMIT TYPE & NO.	DATE
REF. MAP #/QUARTER SECTION	ZONE DIST
FLOOD PLAIN/FLOODWAY DISTRICT	
LOT #	BLOCK #
SUBDIVISION	

PROJECT ADDRESS	PARCEL NUMBER
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OWNER	MAILING ADDRESS	PHONE
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CONTRACTOR/PROFESSIONAL	MAILING ADDRESS	PHONE	LICENSE NUMBER
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APPLICANT	MAILING ADDRESS	PHONE
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PROJECT DESCRIPTION

ESTIMATED COST	BUILDING OCC/USE	NO. UNITS	CONSTRUCTION TYPE	NO. STORIES
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FEE DETAIL	DESCRIPTION	AMOUNT	QUANTITY	DESCRIPTION	AMOUNT
QUANTITY					

PAYMENT TYPE	DATE PAID	RECEIPT NO.	TOTAL FEES
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CONDITIONS/COMMENTS

Before any phase of construction is covered or concealed by a subsequent phase of construction please call (920) 686-6940 to schedule an inspection.

I HEREBY CERTIFY THAT THE INFORMATION SET FORTH ON THIS FORM IS COMPLETE AND ACCURATE AND DO HEREBY AGREE TO COMPLY WITH ALL APPLICABLE CODES AND INSPECTION REQUIREMENTS OF THE CITY OF MANITOWOC AND THE STATE OF WISCONSIN AND WITH ANY CONDITIONS ATTACHED HERETO: _____	ISSUED BY
	ISSUED DATE

THIS PERMIT IS VOID IF WORK DOES NOT BEGIN IN FOUR MONTHS FROM THE ISSUED DATE. OR IF WORK IS SUSPENDED FOR A PERIOD OF SIXTY (60) DAYS. ALL WORK MUST BE COMPLETED

WITHIN EIGHTEEN (18) MONTHS FROM THE DATE OF PERMIT ISSUANCE