City of Port Washington

Building Permit Application

Sprinkler Permit

New, Additions, Alterations, Repairs, Etc.

Job Location (identify exact address)			Zoning	**Permit #**
Owner's Name	Phone Number	Contact's Name		Phone Number
Owner's Address		City	State	Zip Code
Contractor's Name	Phone Number	Contact's Name		Phone Number
Contractor's Address		City	State	Zip Code
Designer's Name	Phone Number	Contact's Name		Phone Number
Designer's Address		City	State	Zip Code

New ☐	Alteration ☐	Addit. ☐	Sq. Ft. of Sprinklered Area	Building Classification	Occupancy Type	**Estimated Cost Of Work**

Description of work and/or additional information

Department Notes

Submittal Fee	
Review Fee	
Total Fees	

Permit Issued By	**Date**

I attest that the above information accurately describes the property and proposed work to be performed on it. I agree to comply with all City Of Port Washington and State of Wisconsin codes applicable to the occupancy and work stated above. I understand that any falsification or misinformation may result in penalties prescribed in the City of Port Washington ordinances.

Applicant's Signature	**Date**