



4128 Hubertus Rd.
Hubertus, WI 53033
Phone: (262) 628-2260
Fax: (262) 628-2984
Email:
inspector@richfieldwi.gov

VILLAGE OF RICHFIELD BUILDING PERMIT

Includes: Hubertus & Colgate

PERMIT NO.

TAX KEY#

Project Address: _____

Project Owner's Name: _____ Project Owner's Phone #: _____

Project Description: _____

Project Owner's Address (if different from above): _____

Project Owner's Email: _____

Contractor's Name: _____

Contractor's Email: _____

Contractor's Address, City & Zip: _____

Contractor's Phone #: _____ DC#: _____ DCQ#: _____

Signature of applicant: _____	Date: _____
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The applicant agrees to comply with the Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied of the Department or Inspector; and certifies that the above information is accurate. Have Permit/Application number and address when requesting inspections. Call (262) 628-2260. Give at least 24 hours notice on all inspections.

Plumbing Contractor Name & Phone Number: _____

Electrical Contractor Name & Phone Number: _____

HVAC Contractor Name & Phone Number: _____

<p>Area Involved:</p> <p>Basement _____ Sq. Ft.</p> <p>Living Area _____ Sq. Ft.</p> <p>Garage _____ Sq. Ft.</p> <p>Other _____ Sq. Ft.</p> <p>Total _____</p>	CONDITIONS OF APPROVAL _____ _____ _____ _____		
PERMIT FEES	PLAN REVIEW RECEIPT Ck# _____ Rec. By _____ Date _____ \$ _____	PERMIT RECEIPT Ck# _____ Rec. By _____ Date _____ \$ _____	ESTIMATED COST OF CONSTRUCTION \$ _____
	PERMIT ISSUED BY MUNICIPAL AGENT:		
	<p>Name: _____</p> <p>Date: _____</p> <p>Certification No.: _____</p>		
<p>Plan Review _____</p> <p>Other _____</p> <p>Permit _____</p> <p>TOTAL _____</p> <p>Due _____</p>			