

MISCELLANEOUS PERMIT FORM

CHECK TYPE OF PERMIT

Commercial Occupancy\$75/Unit
DILHR.....
Tool Shed (150 Sq. ft. or less)\$40.00
*Air Conditioning Central - \$40/Unit plus
\$5/Ton over 3 tons
Perm. Wall Units - \$10
Plus \$1/100 Sq. ft. of
Conditioned Area
Minimum - \$40
Hot Tubs & Spas\$40.00
*Heating and Wood Burning Units.....\$40/unit, up to &
including 150,000
input BTU units.
Additional fees of
\$10/each 50,000 BTU
or fraction thereof.
Plus \$1/100 Sq. ft. of
Conditioned Area
Minimum - \$40
Special Inspection.....\$100
*Swimming Pools\$5/\$1,000 Valuation
Minimum - \$55
Wrecking\$40.00 plus \$.02/Sq. ft.
Minimum - \$40
Maximum - \$250
Other.....

Date _____
Job Address _____
Owner _____
Address _____
Contractor/Tenant _____
Address _____
Telephone No. _____
Est. Cost of Job _____

**Electrical Permit Must Be Obtained Simultaneously With
Miscellaneous Permits Requiring Electrical Work**

Electrical Contractor _____
Electrical Permit No. _____

*An additional electric permit required for air conditioning, heating, illuminated signs, swimming pools, spas & hot tubs, and residing around electrical fixtures & services, also pump fuel dispensing tanks.

PLOT PLAN required for the locations of driveways, fences, tanks, signs, swimming pools, tool sheds, and air conditioning compressor units and spas and hot tubs outside of the building.

All above noted fees pertain to new and replacements.
Five (5) times fees charged for starting work before a permit is issued.

PLOT PLAN

It is hereby agreed by and between the undersigned contractor, it's agents or servants and the Town of Somers that for and in consideration of the premises for the above described work, that the work thereon will be done in accordance with the description herein set forth and in compliance with Building and Zoning Code of the Town of Somers, the Statutes of the State of Wisconsin and the rules and regulations issued by the Industrial Commission of the State of Wisconsin and with all lawful orders of the Building Inspector of the Town of Somers.

REMARKS: _____

Permit must be completely filled in and signed.

Final Inspection Required (All Permits)
Date _____

Tax Key _____
Date Issued _____ Inspector _____

Name of Contractor

Permit No. _____

Signature of Contractor or Owner or Agent

Total Fees \$ _____

Above Person Shall Call for Final Inspection