



7511 12th St | PO Box 197 | Somers, WI 53171

Ph: 262-859-2822 | Fax: 262-859-2331

www.somers.org

sseymour@somers.org

Tax Key _____ Permit # _____ Reviewed By _____

BUILDING PERMIT APPLICATION

Owner _____ Address _____
Email _____ Phone _____

Contractor _____ Address _____
Email _____ Phone _____
Contractor Qualifier # _____ Expiration Date _____

Project Address _____

New Home | Deck | Alteration | Addition | Fence | Garage | Accessory Bldg | Hot Tub or Spa
Rec-Room | Foundation Repair | Siding | Roofing | HVAC | In Ground Pool | Above Grd Pool

Explanation of Project (include tenant info if commercial) _____

Cost of the project: \$ _____

I, the undersigned, agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the municipality; and certify that all information provided is accurate. All work performed associated with this permit shall be my responsibility when it comes to ensuring compliance. Any plans, specifications, or other written information supplied to the department at time of application is conditionally approved upon the issuance of this permit. It is further understood that the department must verify compliance at various stages of construction by performing inspections. Said inspections must be scheduled a minimum of two business days (48 hours) in advance. Construction shall not proceed until approved by the department.

[A fee schedule is available here on the Somers website.](#)

Make check payable to Village of Somers. Application can be emailed to: sseymour@somers.org

Applicant Name _____ Applicant Signature _____

Date _____