

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:			
	COM	MERCIA	L BUILDI	NG PERMI	T APPLIC	CATION			
Owner:			Addre	ss:					
					Phone:				
Site contact:			Addres	s:					
F '1					Phone:				
					ite phone:				
Project Address:									
Project Directions:									
Explanation of Project									
Type of Building	New	Exist	ino A	ddition					
Building Height (feet)			\mathcal{C}	er of floors:					
Type of Construction		IA	IB	IIA	IIB	IIIB	_		
-) _F		IV	VA	VB					
Occupancy	A1	A2	A3	A4	A5	В			
1 0	E	F1	F1	H1	H2	Н3	H4		
	H5	I1	I2	I3	I4	M	Mixed		
	R1	R2	R3	R4	S1	S2			
	Square	Footage			Utilities				
Basement									
First Floor							Private		
Second Floor					Sewer:	Public	Private		
Third Floor					Heat:	Solar	LP		
Fourth Floor						Natural			
Total						Geothe	rmal		
Construction Site Trai	10r·	Yes	No						
Construction Sign:	101.	Yes	No						
Construction Sign.		1 68	INU						
Cost of the project:	S								

Applicant name:	Applicant signature:	
A	A	
	pplication can be emailed to: <u>sseymour@somers.org</u>	
(48 hours) in advance. Construction shall no A fee schedule is available here on the Some		
•	inspections. Said inspections must be scheduled a minimum of two business day	/S
• • • • • • • • • • • • • • • • • • • •	this permit. It is further understood that the department must verify compliance a	
	erformed associated with this permit shall be my responsibility when it comes to ns, or other written information supplied to the department at time of application	
understand that the issuance of the permit cro	eates no legal liability, express or implied, on the municipality; and certify that al	
I, the undersigned, agree to comply with all a	applicable codes, statutes, and ordinances and with the conditions of this permit;	
Address:		
Email:	Phone Number	
Fire Alarm System Contractor Name:	License Number:	
Address:		
Fmail:	Phone Number:	
Sprinkler Protection Contractor Name:	License Number:	
Address:		
Fmail:	Phone Number:	
Gas Piping Contractor Name:	License Number:	
Address:		
Email:	Phone Number:	
Name:		
HVAC Contractor		
Address:		
Email:	Phone Number:	
Name:	License Number:	
Electrical Contractor		
Address:		
Email:	Phone Number:	
Name:		
General Contractor		