CITY OF FITCHBURG
BUILDING INSPECTION DEPARTMENT
5520 LACY ROAD
FITCHBURG, WI 53711 608-270-4256
planning@fitchburgwi.gov

PERMIT TO START CONSTRUCTION

PART I To Be Completed By Applicant (please print)

JOB ADDRESS (Street Number and Name)	LOT #	SUBDIVISION

OWNER'S NAME	MAILING ADDRESS (Include Zip Code)	DAYTIME PHONE #
CONTRACTOR'S NAME	MAILING ADDRESS (Include Zip Code)	DAYTIME PHONE #

PROJECT (Check One) ☐ NEW BUILDING ☐ ADDITION ☐ ALTERATION OR REPAIR TO EXISTING BUILDING ☐ MOVING ☐ DEMOLITION ☐ OTHER _____

BUILDING TYPE (Check One) ☐ SINGLE FAMILY ☐ DUPLEX ☐ MULTI-FAMILY ☐ COMMERCIAL/INDUSTRIAL ☐ GARAGE/STORAGE ☐ OTHER _____

I, THE UNDERSIGNED, REQUEST TO BEGIN FOOTING AND FOUNDATION WORK PRIOR TO APPROVAL OF PLANS AND ISSUANCE OF A **BUILDING PERMIT.**

I HAVE REVIEWED THE SPECIFIC CODE REQUIREMENTS OF THE WISCONSIN ADMINISTRATIVE CODE AND ALL APPLICABLE CODES AND ORDINANCES OF THE CITY OF FITCHBURG AND HAVE SHOWN COMPLIANCE ON THE DRAWINGS SUBMITTED.

I AGREE TO MAKE ANY CHANGES REQUIRED AFTER THE PLANS HAVE BEEN REVIEWED AND TO REMOVE OR REPLACE ALL NONCODE COMPLYING PARTS OF THE FOOTINGS AND/OR FOUNDATIONS.

I AGREE TO PROCEED WITH THE FOOTINGS AND FOUNDATIONS **ONLY** AND WILL NOT CONTINUE WITH THE REMAINDER OF THE BUILDING UNTIL APPROVAL HAS BEEN GRANTED AND A **BUILDING PERMIT** HAS BEEN ISSUED.

SIGNATURE OF APPLICANT	DATE

PART II To Be Completed By Building Official

PERMIT FEE ($)	DATE ISSUED	BUILDING OFFICIAL

CONDITIONS OF APPROVAL — This Permit is Issued Pursuant to the Following Conditions. Failure to Comply May Result in Suspension or Revocation of This Permit or Other Penalty.

TOP COPY — CITY OF FITCHBURG 2ND COPY — APPLICANT 3RD COPY — INSPECTOR