



# CITY OF CEDARBURG BUILDING PERMIT

Date \_\_\_\_\_

Project Address \_\_\_\_\_

Type of Project Proposed \_\_\_\_\_

Cost of Project \$ \_\_\_\_\_

*NOTE: the project must be started within six (6) months and completed within one (1) year*

Property Owner Name \_\_\_\_\_

Phone No \_\_\_\_\_ Email \_\_\_\_\_

Contractor \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No \_\_\_\_\_ Email \_\_\_\_\_

State Dwelling Contractor No \_\_\_\_\_ Exp \_\_\_\_\_

State Dwelling Qualifier No \_\_\_\_\_ Exp \_\_\_\_\_

I 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 of the above information is accurate.

Signature of Applicant		Date	
FOR OFFICE USE			
TAX KEY NO		ZONING	
BUILDING INSPECTOR'S COMMENTS: If adding or changing Electrical, Plumbing and or HVAC, separate permits are required.			
APPROVED BY	PERMIT FEE	DATE ISSUED	PERMIT NO