



# Village of Saukville Building Permit Application

Administered by:

Village of Grafton Inspection Department  
860 Badger Circle, Grafton, WI 53024-9436

p (262) 375-5305 f (262)375-5312

[tjohnson@village.grafton.wi.us](mailto:tjohnson@village.grafton.wi.us)

**JOB ADDRESS:** \_\_\_\_\_

Type:  Residential       Commercial       Industrial       Exempt  
 New       Alteration       Addition

## PROPERTY OWNER INFORMATION

Property owner's name: \_\_\_\_\_

Address of owner (if different than job address): \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### If Applicable:

Lessee name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## CONTRACTOR INFORMATION

Business' name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

License holder: \_\_\_\_\_ BCR #: \_\_\_\_\_ Dwelling: Qual. & Fin. Resp. #: \_\_\_\_\_  
(Please submit the separate Contractor Information Form, if not already on file.)

**Description of work:** \_\_\_\_\_

**Value of work:** \$ \_\_\_\_\_

I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge and belief:

**Name of applicant** (please print): \_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*Request for inspections will not be scheduled unless the permit number is supplied at the time of the request\*\*



# Village of Saukville Contractor Information Form

Administered by:  
Village of Grafton Inspection Department  
860 Badger Circle, Grafton, WI 53024-9436  
p (262) 375-5305 f (262)375-5312  
[tjohnson@village.grafton.wi.us](mailto:tjohnson@village.grafton.wi.us)

## CONTRACTOR INFORMATION

Business name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing address (if different from Business address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor name: \_\_\_\_\_

a) Dwelling Contractor Financial Responsibility Certification #: \_\_\_\_\_ Expires: \_\_\_\_\_

b) Dwelling Contractor Qualifier Certification #: \_\_\_\_\_ Expires: \_\_\_\_\_

c) Building Contractor Registration #: \_\_\_\_\_ Expires: \_\_\_\_\_

I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge and belief:

**Name of applicant** (please print): \_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State Certification Card must be submitted with Contractor Information Form.**