

Building Permit

Parcel #: _____

Permit #: _____

*Please make checks payable to the Town of Clayton***Town of Clayton Town Hall**

8348 Hickory Ave

Larsen, WI 54947

Phone: 920-836-2007

Email: buildinsp@claytonwinnebago.gov

Website: <https://www.townofclayton.net/>

Owner's Name: _____ Phone: _____

Project Address: _____

Contractor's Name: _____

Phone: _____

License Number: _____

Fax: _____

Contractor's Address: _____

Contractor's Signature: _____

Type of Occupancy: _____ Square Foot of Project: _____

Project Description: _____

Job Cost: \$ _____

Conditions of Approval: _____

☐ Possess and post required Zoning & Building Permits before starting any construction on additions, decks, etc.☐ Property pins exposed on the first inspection for any additions or new construction☐ Road clean up is the responsibility of the owner/contractor on the same day☐ All work to meet the State Codes or re-inspection fees will be charged for improper installations.☐ **The Owner/contractor is responsible for making arrangements for the final inspection**Required InspectionsAdditional PermitsAdditional Inspections

_____ Foundations (additions & decks)

Electrical

_____ Framing

HVAC

_____ Insulation

Plumbing

_____ Final

Inspector's Name _____

Today's Date _____

County Zoning Permit Required: ☐ Yes ☐ No

Total Fees: \$ _____