



App No: **16445**

BUILDING PERMIT APPLICATION

Complete form, print and send to this department with all applicable documentation.

Section I - Location

a. Project Address: 8121 West Beloit RD

Single Fam. Two Family Multi-Family Comm. Industrial Tax Exempt Mobile Home

b. Property Owner: Ryan & Nicole Hutto Phone: 414-640-8282

Owner Address: 8121 W Beloit Rd E-Mail: bigheartproductions@gmail.com

c. Business Name _____ Phone: _____

Contact Person: Ryan Hutto E-Mail: _____

Section II - Contractor/Contacts

d. Contractor Superior Storage Sheds Bus. Phone: 262-470-7526

Address: N9466 Stone School Rd Mukwonago WI E-Mail: _____

Contact Person: Paul Reins 53149 Phone: _____

The following certifications are **REQUIRED** for any work to a one- or two-family dwelling

Dwelling Contractor Certification # _____ Dwelling Contractor Qualifier # _____

e. Architect/Eng. _____ E-Mail: _____

Address: _____

Contact Person: Ryan Hutto Phone: 414-640-8282

E-Mail: _____

Check box next to main contact person above (inspector questions/permit pickup)

Section III - Project

f. Permit for: New Bldg Addition Alteration Demo Erosion Control Other

Garage (Required: Height of Primary Structure: _____; Garage Wall Height: _____; Total Garage Height: _____)

g. Description of Project 12' x 18' shed in back corner of yard (8' walls) 2-3' steel doors w/window at top of wall on one side.

Explain: (i.e.: New Single Family Home, Alteration to Tenant Suite, Swimming Pool Installation, 24x24 Garage, etc.) For fence use other side to draw location.

h. Estimated Cost of Construction: \$ \$8,000 - \$9,000

*** DO NOT WRITE BELOW THIS LINE ***

Req.	Approved	Req.	Approved	Req.	Approved
<input type="checkbox"/> Zoning	_____	<input type="checkbox"/> Plan Approval	_____	<input type="checkbox"/> WAFD Plans Sent	_____
<input type="checkbox"/> Building Setbacks	_____	<input type="checkbox"/> Building No	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Yard Grade	_____	<input type="checkbox"/> DPW Driveway	_____		

Building Inspector Notes: _____

Tax Key # _____ Zoning Class: _____ Zoning Notes: _____

Permit Fee: _____

Erosion Control Fee: _____

Plan Review Fee: _____

House # Fee: _____

Other: _____

Total Permit Fees: _____

Final Zoning Approval

 (Inspector)

 (Date)

Final Building Approval

 (Inspector)

 (Date)

Stamp Official Date Received

**CITY OF WEST ALLIS
 BINS**

APR 21 2022

RECEIVED
 TIME _____ PER _____