



App No: \_\_\_\_\_

## BUILDING PERMIT APPLICATION

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

Section I - Location

a. **Project Address:** 7729 W HICKS

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

b. **Property Owner:** KTB PROPERTIES LLC Phone: (262) 271-5141

Owner Address: PO BOX 152 E-Mail: bradleybuilding@gmail.com

c. **Business Name:** KTB PROPERTIES LLC Phone: (262) 271-5141

☐ Contact Person: BRADLEY ROZANSKI E-Mail: bradleybuilding@gmail.com

Section II - Contractor/Contacts

d. **Contractor:** BGI, LLC Bus. Phone: (414) 322-8400

Address: 3935 N MARYLAND AVE, SHOREWOOD, WI 53211 E-Mail: bgi@consultant.com

☐ Contact Person: MICHAEL AMRHEIN Phone: (414) 322-8400

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

Dwelling Contractor Certification # DC-082000888 Dwelling Contractor Qualifier # DCQ-082000890

e. **Architect/Eng.:** BLODGETT ENGINEERING E-Mail: blodgetteng@wi.rr.com

Address: W169N10815 REDWOOD LANE, GERMANTOWN, WI 53022

☐ Contact Person: MICHAEL BLODGETT Phone: (262) 293-9923

Check box next to main contact person above (inspector questions/permit pickup) E-Mail: bgi@consultant.com

Section III - Project

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

☒ Garage (Required: Height of Primary Structure: 33; Garage Wall Height: 9; Total Garage Height: 14)

g. **Description of Project:** REMOVE EXISTING ROOF AND ADD SECOND FLOOR BEDROOMS & BATHRM WITH NEW ENGINEERED TRUSSES.

REMODEL ENTIRE EXISTING FIRST FLOOR AREA. ERECT NEW GARAGE.

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:** \$ 86,600

\*\*\* 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