

DEPARTMENT OF COMMUNITY DEVELOPMENT – BUILDING INSPECTION

APPLICATION FOR DEMO WORK (INTERIOR)

**OPTIONAL SAME DAY PERMIT IF SUBMITTED PRIOR TO 3:30 P.M.
(Subject to Staff Availability)

Permit No. _____

Job Address: _____

Today's Date: _____

Initials The undersigned hereby applies for a permit to do work herein described according to the plans and specifications filed herewith. The undersigned assures that the above mentioned plans and specification have been designed to comply with all building, zoning and health ordinances and all other ordinances of the City of Waukesha as well as all applicable laws and orders of the State of Wisconsin.

Initials The demolition work does not include any asbestos removal.

Initials The demolition project is associated with a building alteration project to be submitted in the near future.

Contracting Company _____ Dwelling Contractor Certification # _____ Exp Date _____

Contractor's Name: _____ Dwelling Contractor Qualifier # _____ Exp Date _____

Address _____ Contractor's Registration # _____ Exp Date _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____ Estimated Cost: _____

_____ Area: _____

Licensed Electrical Contractor

Architect / Designer / Engineer

Licensed Plumbing Contractor

Owner _____ Telephone _____

Address _____ City _____ State _____ Zip _____

This is a (Circle one) Single-Family, Duplex, Multi-Family, or Commercial building?

- FOR OFFICE USE ONLY -

Size _____ Permit Fee (\$85.00 + .12/sf of area being demolished) \$ _____

Zoning District _____

Initials of Receiver

-No need to submit plans for this.

-Only needs a BUILDING FINAL

Total \$ _____

**Permits will be issued on the same day as received if the properly completed application form is submitted prior to 3:30p.m. on days when the office is open for business.(Subject to staff availability.) The use of this optional form applies to those alteration projects which are limited in scope as spelled out on the appropriate application form. The issuance of this permit does not relieve the applicant and/or owner of their responsibility to be in compliance with all code requirements and the applicant accepts any and all risks and liabilities. If your project does not fit under the strict limitations associated with this application, use one of the regular applications.

Print Applicant's Name

Email Address

Signature of Applicant / Date

Signature of Approval / Date

THIS FORM IS TWO-SIDED

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RESIDENTIAL (includes 1 & 2 Family)

If the project is attached to the Residence, Contractor must have the following:

DWELLING CONTRACTOR CERTIFICATION

Is issued by the State to insure the contractor complies with:

1. Worker's compensation requirements.
2. Unemployment compensation requirements
3. Liability or bond insurance requirements.

AND

DWELLING CONTRACTOR QUALIFIER

Is issued by the State after the contractor has completed 12 hours of approved training and has passed an exam.

FOR COMMERCIAL (includes Multi-Family over 2 units)

CONTRACTOR REGISTRATION NUMBER

Is issued by the State and required of any contractor who:

1. Works on public buildings
2. Works on places of employment
3. Works on one and two family dwellings
4. Works on public swimming pools or water attractions.

A Registration number is not required if the contractor has:

1. Dwelling Contractor Certification
2. Dwelling Contractor Certification – restricted
3. Manufactured Home Installer license
4. Electrical Contractor Certification
5. Electrical Contractor Certification-restricted
6. HVAC Contractor license
7. Elevator Contractor license