



VILLAGE OF CALEDONIA  
5043 Chester Lane Racine, WI 53402  
Phone (262)-835-6420

**RESIDENTIAL PERMIT APPLICATION FOR  
Roofing / Siding / HVAC / Foundation (Repair or Alteration)**

Permit No.
Parcel No.
Receipt No.

**Project Address:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

**CONTRACTOR (OR) APPLICANT:**

**Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Dwelling Contractor License #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**OWNER:**

**Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Building Size: Length** \_\_\_\_\_ **Width** \_\_\_\_\_ **Sq. Ft.** \_\_\_\_\_

**Estimate Cost of Job: \$** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_

*I hereby acknowledge that I have read this application and state that the above information is correct and agree to comply with Ordinances of the Village of Caledonia and State of Wisconsin laws regulating the construction of buildings and to observe and maintain the legal requirements as provided by the Caledonia Village Ordinance.*

**PRINT CONTACT PERSON** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Office Use Only\**

PERMIT TYPE:	FEES:	PAYMENT TYPE:	
Roofing or Siding	Amount Due ..... \$ 65.00	Cash	<input type="checkbox"/> Date: _____
HVAC (\$65.00 per unit)	Amount Due ..... \$ _____	Check	<input type="checkbox"/> Date: _____
Foundation (Repair / Alteration)	Amount Due ..... \$ _____	Credit / Debit	<input type="checkbox"/> Date: _____

\*Applicant must arrange inspections with the Inspection Department at least 48 hours prior to desired appointment time.