



Building Permit Application

Permit Number [REDACTED]
(Assigned by Village Personnel)

Village of Hobart
Dept of Buildings & Code Compliance
2990 S Pine Tree Rd
Hobart WI 54155
Phone: (920) 869-3809
Fax (920) 869-2048

Project Address _____ Parcel Number _____

Applicant is the: Owner OR Contractor

Use Category: Single Family Duplex Multi-Family Commercial Industrial Agricultural

Owner's Name: e-mail:		Mailing Address:	Tel: Fax: Mobile:
Building Contractor Name: e-mail:	Lic# Qualifier#	Mailing Address:	Tel: Fax: Mobile:
Electrical Contractor Name: e-mail:	Lic#	Mailing Address:	Tel: Fax: Mobile:
HVAC Contractor Name: e-mail:	Lic#	Mailing Address:	Tel: Fax: Mobile:
Plumbing Contractor Name: e-mail:	Lic#	Mailing Address:	Tel: Fax: Mobile:

Work being done:

- New Structure Addition Deck/Porch/Patio Driveway/Parking
- External Remodeling Internal Remodeling Fence/Kennel Garage/Utility Structure Handicap Ramp
- Hot Tub/Spa Fence/Kennel Sign/Canopy/Awning Stove/Fireplace
- Swimming Pool Wrecking Permit Other _____

Additional information, such as plan submittal and approval, may be required before issuance.

Scope of work: _____

Any work not included in this application is not permitted.

Total Value of Project \$ _____ (Value of materials & labor is required to ensure consistency in assessing permit fees.)

Breakdown of values: Bldg _____ Elec _____ Plumb _____ HVAC _____

I certify the above information is complete and accurate. I agree to perform the work in conformance to all approval conditions & applicable codes/ordinances.

Applicant Name: _____
(Please print)

Signature: _____

Date: _____

Issued By: _____

Date: _____

Copy to: Property File Applicant Assessor Inspector Permit File

Fees Collected: _____