

Melstrom Inspections, LLC

Detached Garage/Shed Building Permit Application

All of the following items noted below shall be submitted when applying for a building permit for a detached garage/shed.

Reviewing and processing a permit application can take up to ten business days to complete once all the required documents have been received.

***Any forms required below can be found under the forms/applications tab on my website, melstrominspections.com*

- 1 If this garage is used for sleeping purposes, **Stop** . A structure to be used as a sleeping place is considered a dwelling and will need to be permitted as such.
- 2 A completed and signed building permit application, backside of this page. Contractors shall be licensed.
- 3 If you are the applicant who owns the property and who currently resides at the project property address completing the permit application, a signed cautionary statement will need to be submitted.
- 4 A copy of the approved land use permit from the appropriate municipality, if applicable.
- 5 A site plan: A site plan is a bird's eye view of your property. The site plan shall include a North directional arrow, property lines, street(s), existing buildings, proposed shed/garage location. To be included are the distances from the proposed project to all property lines, streets, and/or any other structures on the property.
- 6 Building plans of the shed/garage showing construction details with dimensions. This shall include a floor plan and a cross section of the footings up to the roof.

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Detached Garage/Shed Permit Application

| | | | | |
|---|--|----------------------------|-------------------|--------------|
| Project Site Address | | Town, Village, or City of: | Zip Code | Municipality |
| Owner's Name | | Owners Daytime Phone | | Parcel ID |
| Owner's Mailing Address | | | Owner's Email | |
| Applicant's Name(If Different than owner) | | Applicant Daytime Phone | | |
| Applicant's Mailing Address | | | Applicant's Email | |

Details about the Garage/Shed: Wide _____ X Length: _____ X Height: _____ Square Footage: _____

| | | | | | |
|---|--|---|--|--|--|
| Footings: <input type="checkbox"/> Posts <input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Other | Floor: <input type="checkbox"/> Concrete <input type="checkbox"/> Other | Walls/Ceiling: <input type="checkbox"/> Insulated <input type="checkbox"/> Non-Insulated | Heat Source: <input type="checkbox"/> Forced Air <input type="checkbox"/> In-floor Heat <input type="checkbox"/> No Heat | Plumbing <input type="checkbox"/> Water <input type="checkbox"/> Sanitary Installed <input type="checkbox"/> Drain to Daylight <input type="checkbox"/> No Plumbing | Electric <input type="checkbox"/> Electric w/ new panel <input type="checkbox"/> Electric w/ no new panel <input type="checkbox"/> No Electric |
|---|--|---|--|--|--|

\$ Project Value: _____ ***Project value includes all the trades(building, electrical, plumbing, HVAC, etc...) that is involved in the project. The total cost of the project minus the land.

Complete the information below as it pertains to this project. Note "Self" if the owner will be doing the work.

| | | | |
|-----------------------------|-----------------------------------|-----------------------------------|---------------|
| Dwelling Qualifier | | Dwelling Qualifier License Number | |
| Dwelling/General Contractor | Contact Name | Dwelling Contractor License | Daytime Phone |
| Mailing Address | | Email | |
| HVAC Contractor | Contact Name | HVAC Contractor License | Daytime Phone |
| Mailing Address | | Email | |
| Plumbing Contractor | Contact Name | Daytime Phone | |
| Mailing Address | | Email | |
| Master Plumber | Master Plumbing License Number | | |
| Electrical Contractor | Contact Name | Electrical Contractor License | Daytime Phone |
| Mailing Address | | Email | |
| Master Electrician | Master Electrician License Number | | |

One of the two boxes shall be checked:

☐ I vouch that I am or will be the owner-occupant of this dwelling for which I am applying for a building permit without a dwelling contractor license and have submitted a signed the cautionary statement regarding contractor responsibility. I certify that the information provided on this application is accurate. I understand that I am subject to all applicable codes, conditions of this permit, laws, statutes, and ordinances. I understand that the issuance of this permit creates no legal liability, express or implied, on the state, municipality, building inspector, and the inspectors authorized agent. I understand that the work installed with this permit is subject to inspection and I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which the permit is sought at all reasonable hours to inspect the work which is being done.

☐ I vouch that: I am the WI credentialed contractor and I am in a contract for the described work per this application. I certify that the information provide on this application is accurate. I understand that I am subject to all applicable codes, conditions of this permit, laws, statutes, and ordinances. I understand that the issuance of this permit creates no legal liability, express or implied, on the state, municipality, building inspector, and the inspectors authorized agent. I understand that the work installed with this permit is subject to inspection and I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which the permit is sought at all reasonable hours to inspect the work which is being done.

SIGNATURE OF
APPLICANT

Print Name

Date