

Parcel # _____

Permit # _____

Building Permit-Town of Clayton

Owners name _____ Phone _____

Project address _____

Contractors name _____ Phone _____

Contractors address _____ Fax #: _____

Type of occupancy _____ Square foot of Project _____

Project description _____ Job Costs \$ _____

Conditions of approval _____

- **Possess and post required Zoning & Building Permits** before starting any construction on additions, decks, etc.
- Property pins exposed on the first inspection for any additions or new construction.
- Road clean up is the responsibility of the owner/contractor on the same day.
- All work to meet the State Codes or re-inspection fees will be charged for improper installations.
- **The owner/contractor is responsible for making arrangements for the final inspection.**

Required Inspections

Additional Permits

Additional Inspections

_____ Foundations (additions & decks)

_____ Framing

_____ Insulation

_____ Final

_____ Electrical _____

_____ HVAC _____

_____ Plumbing _____

Owner/Contractor _____ License # _____ Date _____

Inspector _____ Date _____

Payable to: Town of Clayton

Send To: 8348 County Rd T, Larsen, WI 54947 **PH: 920-428-3361 or 920-836-2007**

County Zoning Permit Required Yes No Total Fees _____