

BUILDING PERMIT APPLICATION

CITY OF MEDFORD

APPLICANT INFORMATION		
Name	_____	
Mailing Address	_____	
City, State, Zip Code	_____	
Building Address	_____	
Phone Number	_____	
TYPE OF PROJECT		
<input type="checkbox"/> Construction	<input type="checkbox"/> Electric	<input type="checkbox"/> Other: Describe: _____
<input type="checkbox"/> HVAC	<input type="checkbox"/> Plumbing	<input type="checkbox"/> * Razing: _____
Project Cost \$ _____	Starting Date: _____	
CONTRACTOR		
Name	_____	
Address	_____	
City, State, Zip Code	_____	
Phone	_____	
PROJECT - Provide a brief description of the project listed above (e.g. replacing siding, new shingles)		

* Note: The Department of Public Works must be notified if razing a building to properly disconnect and abandon the sewer and water service.		
APPLICANT'S SIGNATURE _____		
DATE SIGNED _____		
<i>Use of this form is limited to those projects that do not involve Additions to existing structures or New Construction (including buildings, garages, parking lots or any erosion controls).</i>		
<i>This not a ZONING PERMIT. ISSUES involving ZONING must be addressed separately.</i>		
OFFICE USE ONLY		
FEE _____	APPLICATION # ____--____-- S	
RECEIPT # _____	ISSUED BY _____	
DATE OF APPLICATION _____	PARCEL ID # 251- ____ - ____	

City of Medford
639 S. Second Street
Medford, WI 54451 (715) 748-4321