

Date _____

Permit

TOWN OF GRAND CHUTE
1900 Grand Chute Blvd. • Grand Chute, WI 54913-9613
Bus. 920-832-1599 Fax 920-832-6036

SUBCONTRACTOR PERMIT

Parcel No. _____

Zoning District _____

Building Permit No. _____

Owner/Tenant Name	Subcontractor
Site Address	Address
Space No.	
Phone #	Phone #

► Circle: **Single Family** or **Duplex** or **Multi-Family** or **Commercial** or **Industrial**

► Circle: **New** or **Addition** or **Alteration** or **Replacement**

DESCRIPTION OF PROJECT: _____

ELECTRICAL Amps _____ Volts _____ Phase _____ **Value of Electrical \$** _____

PLUMBING **Value of Plumbing \$** _____

Laterals (Sizes) Water _____ Sanitary Sewer _____ Storm Sewer _____

Total Number of Fixtures _____

- ___ Water Closet ___ Lavatory ___ Bathtub/Shower ___ Kitchen Sink ___ Garbage Disp.
- ___ Dishwasher ___ Clothes Washer ___ Laundry Tray ___ Floor Drain ___ Water Heater
- ___ Hose Bibb ___ Water Softener ___ Bar Sink ___ Water Cooler ___ Urinal
- ___ Ice Maker ___ Beverage Disp. ___ Site Drain ___ Sump Pump ___ Grease Trap

List Other Fixtures: _____

HEATING, VENTILATION & AIR CONDITIONING **Value of HVAC \$** _____

SPRINKLER SYSTEM Number of Heads _____ **Value of Sprinklers \$** _____

Fees: E _____ P _____ H _____ S _____ **TOTAL FEE \$** _____

TOTAL PROJECT VALUE \$ _____ Receipt # _____

The undersigned in consideration of the issuance of this permit to do only the work specified herein and to faithfully comply with laws and regulations of the State of Wisconsin and of the ordinances of the Town of Grand Chute.

Applicant _____ **Credential No.** _____

Permit is hereby granted to do work herein above specified: SIGNED _____

BUILDING INSPECTOR