

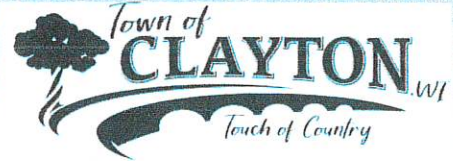
825

Building Permit

Parcel #: 006-000606

Permit #: _____

Town of Clayton Town Hall
 8348 Hickory Ave
 Larsen, WI 54947
 Phone: 920-836-2007
 Email: buildinsp@claytonwinnebago.wi.gov
 Website: https://www.townofclayton.net/



Owner's Name: Brendon Troy Ribble & Associates Phone: 920 810 2319
 Project Address: Not yet assigned

Contractor's Name: Reed Medics LLC Phone: 920 810 2319
 License Number: Dec 0223 00254 Fax: _____
 Contractor's Address: 9618 Lind Lane Keenah, WI 54956
 Contractor's Signature: [Signature]

Type of Occupancy: Residential Square Foot of Project: 3552
 Project Description: Move existing House onto Lot 006-000606
 Job Cost: \$ 175,000 est
 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**

<u>Required Inspections</u>	<u>Additional Permits</u>	<u>Additional Inspections</u>
_____ Foundations (additions & decks)	_____	Electrical _____
_____ Framing	_____	HVAC _____
_____ Insulation	_____	Plumbing _____
_____ Final		

Inspector's Name _____ Today's Date _____

County Zoning Permit Required: Yes No

Total Fees: \$ _____