



4128 Hubertus Rd.  
 Hubertus, WI 53033  
 Phone: (262) 628-2260  
 Fax: (262) 628-2984  
 Email: inspector@richfieldwi.gov

# VILLAGE OF RICHFIELD BUILDING PERMIT

PERMIT NO.
TAX KEY#

**Includes: Hubertus & Colgate**

[Pay Online](#)

Project Address: \_\_\_\_\_

Project Owner's Name: \_\_\_\_\_ Project Owner's Phone No.: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Owner's Address (if different from above): \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contractor's Address, City & Zip: \_\_\_\_\_

Contractor's Phone No.: \_\_\_\_\_ Contractor's License Nos.: \_\_\_\_\_

Signature of applicant:	Date:
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The applicant agrees to comply with the Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied of the Department or Inspector; and certifies that the above information is accurate. Have Permit/Application number and address when requesting inspections. Call (262) 628-2260. Give at least 24 hours notice on all inspections.

Plumbing Contractor Name & Phone Number: \_\_\_\_\_

Electrical Contractor Name & Phone Number: \_\_\_\_\_

HVAC Contractor Name & Phone Number: \_\_\_\_\_

Area Involved:  Basement _____ Sq. Ft.  Living Area _____ Sq. Ft.  Garage _____ Sq. Ft.  Other _____ Sq. Ft.  <b>Total</b> _____	<b>CONDITIONS OF APPROVAL</b>	
	_____ _____ _____	
	<b>RECEIPT</b>	<b>ESTIMATED COST OF CONSTRUCTION</b>
	Ck# _____ Rec. By _____  Date _____ \$ _____	\$ _____

<b>PERMIT FEES</b>	<b>PERMIT ISSUED BY MUNICIPAL AGENT:</b>
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Plan Review _____  Other _____  Permit _____  <b>TOTAL</b> _____	Name: _____  Date: _____  Certification No.: _____
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