



CITY OF CEDARBURG BUILDING PERMIT

Date _____

Project Address _____

Type of Project Proposed _____

Cost of Project _____

NOTE: the project must be started within six months and completed within two years.

Property Owner Name _____

Home Phone Number _____ Work Phone Number _____

Contractor Name _____

Address _____

City _____ State _____ Zip Code _____

Work Phone Number _____ Fax Phone Number _____

State Contractor's Registration Number _____

FOR OFFICE USE			
TAX KEY NUMBER		ZONING	
BUILDING INSPECTOR'S COMMENTS			
APPROVED BY	PERMIT FEE	DATE ISSUED	PERMIT NUMBER

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the municipality; and certify that all the above information is accurate.

Signature of Applicant	Date