

RESIDENTIAL BUILDING PERMIT APPLICATION – EXTERIOR ALTERATIONS ONLY SIDING, ROOFING, WINDOW/DOOR REPLACEMENT



City of Wausau Department of Inspection and Zoning
407 Grant Street, Wausau, WI 54403-4783
715.261.6780 / fax 715.261.4102
inspections@ci.wausau.wi.us

WORK TO BE DONE BY: OWNER <input type="checkbox"/> or CONTRACTOR <input type="checkbox"/> *see below*	Application Date:
Property Address:	Approximate Cost of Project: \$
Property Use: Single-Family <input type="checkbox"/> Two-Family <input type="checkbox"/> Other (write in) <input type="checkbox"/> :	
<input type="checkbox"/> SIDING Installed On: House <input type="checkbox"/> Detached Garage <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other (write in) <input type="checkbox"/> :	
<input type="checkbox"/> SOFFITS/FASCIA <input type="checkbox"/> WINDOW WRAP	
<input type="checkbox"/> ROOFING 1. Installed On: House <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> 2. Method: Redeck <input type="checkbox"/> Reshingle <input type="checkbox"/> Remove Existing Shingles <input type="checkbox"/> Reshingle over Existing Layer* <input type="checkbox"/> 3. Type: Asphalt Shingles <input type="checkbox"/> Stone-Coated Steel Shingles <input type="checkbox"/> Other (write in) <input type="checkbox"/> : _____ <i>*Reshingling over one existing layer with asphalt shingles to be approved by Building Inspector.</i> NOTE: Metal roofs are not allowed in the City of Wausau unless application is made and the material is approved by the City's Building Advisory Board.	
<input type="checkbox"/> WINDOW REPLACEMENT Number: _____ Same Size As Existing <input type="checkbox"/> Change Size <input type="checkbox"/> (submit plan)	
<input type="checkbox"/> DOOR REPLACEMENT Number: _____ Same Size As Existing <input type="checkbox"/> Change Size <input type="checkbox"/> (submit plan)	
OWNER INFORMATION: Name _____ Phone No. _____ Mailing Address (if different than property address) _____	
BUILDING CONTRACTOR INFORMATION: Name _____ Phone No. _____ Dwelling Contractor # _____ AND Qualifier # _____ Mailing Address _____	
Anticipated Start Date:	Completion Date:
COMMENTS:	

Contractor Credentials:

To provide some protection to homeowners and to reduce the number of uninsured contractors, the State requires that building contractors have the following:

- A **Dwelling Contractor** certification (to verify proof of financial responsibility and minimum insurance limits); and
- That one of their employees holds a **Dwelling Contractor Qualifier** certification (minimum continuing education requirements to maintain some level of contractor competency)