

**CITY OF ADAMS - BUILDING INSPECTOR  
STEPHANIE POTTER**

**For Inspections call 608-617-5691 or**

**spotter@msa-ps.com**



**PERMIT NO:**

**PROPERTY TYPE:**

**OCCUPANCY TYPE:**

**SQUARE FOOTAGE:**

**ESTIMATED COST:**

**TAX KEY NO:**

The undersigned hereby applies for a permit to do the work herein described and hereby agrees that all work will be done in accordance with all the laws of the State of Wisconsin and all the ordinances.

**JOB ADDRESS:**

**OWNER NAME:**

**OWNER PHONE:**

**CONTRACTOR NAME:**

**LICENSE #:**

**ADDRESS:**

**PHONE:**

**EMAIL:**

**Work Consists of:**

- ☐ Accessory Building <150 Sq.Ft
- ☐ Roof
- ☐ **Siding/Windows**
- ☐ Fence
- ☐ Alteration/Repair
- ☐ Deck
- ☐ Pool
- ☐ Electrical
- ☐ Plumbing
- ☐ HVAC
- ☐ Other

**Comments/Additional Contractors/Work Description:**

**Applicant's Signature:**

**Date:**

**For Office Use**

**Check #:**

**Fees:**

**Inspector's Signature:**

**From:**

**Building:** \_\_\_\_\_

**Date Recv'd:**

**Electric:** \_\_\_\_\_

**Misc:**

**Plumbing:** \_\_\_\_\_

**HVAC:** \_\_\_\_\_

**Zoning:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**Certification Number:**

**Date:**