

CITY OF HUDSON
505 3RD STREET
HUDSON WI 54016-1694
(715)386-4775

**CITY OF HUDSON
BUILDING PERMIT
APPLICATION**

Owner's Name

Telephone (Daytime)

Fax (Daytime)

Mailing Address

Applicant's Name

Telephone (Daytime)

Fax (Daytime)

Mailing Address

Building/Site Address

Project Description

Approximate Cost

Start Date

Contractor(s)

& Contractor License Number(s)

General

Dwelling Contractor Qualifier

Electrical

Heating/Venting/Air Conditioning

Plumbing

The owner/applicant agrees to comply with Chapter 106 and all other applicable Municipal Code requirements; understands that the issuance of the permit creates no legal liability on the City and certifies that all of the submitted information is accurate.

SIGNATURE OF APPLICANT _____

DATE _____