

# Application For Plan Duplication

**City of Madison  
Neighborhood Preservation &  
Inspection Division**  
215 Martin Luther King Jr Blvd  
PO Box 2984  
Madison, WI 53703  
(608) 266 4551

## Address for Plans being Requested:

\_\_\_\_\_  
No. Street  
\_\_\_\_\_  
City State Zip Code

## Name and Address of the Property Owner:

\_\_\_\_\_  
First Last Middle Initial  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code

## Name and Address of Applicant:

\_\_\_\_\_  
First Last Middle Initial  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Phone Number

## Type of Plans Requested

- One or Two Family Home       Commercial Building
- 1 New Building
  - 2 Interior Alteration
  - 3 Alteration
  - 4 Addition
  - 5 Addition and Alteration
  - 6 Repair
  - 7 HVAC
  - 8 Plumbing
  - 9 Other Specify \_\_\_\_\_

Plan Bin # \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ certify that any information obtained from the inspection or copying of these plans will not be used for any unlawful or unfair competitive purpose; and that the information set forth in this application is true and correct. This certification is required by sec. 101.12 (5)(b) Wis stats.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Plan Search and Owner Notification Fee \$15.00

**Total \$** \_\_\_\_\_

For Office Use Only
<b>Fees Paid</b>
\$100.00 Deposit <input type="checkbox"/> Received <input type="checkbox"/> Returned