

Date Submitted:

10/23/17

\$75.00
Filing Fee
2.000944

Village of Fox Point
7200 N. Santa Monica Blvd.
Fox Point, WI 53217
(414) 351-8900

PAID \$75.00 BUILDING PERMIT FILING FEE
RECEIPT # 1.053586
Permit No. _____

APPLICATION FOR BUILDING OR RAZING

The undersigned hereby applies for a permit to build or raze, in accordance with the information tabulated hereafter,

Type of Project: Residence, Kitchen Remodel Address: 1015 E Churchill Lane, Fox Point, WI 53217

Residence, Garage, Store, Office, School, Fence, Shed, Sign, Swimming Pool, Etc.

Approx 4,140 sf

Size of Structure: 1st & 2nd floors (square feet/cubic feet) Height of Structure: 2 stories (stories or feet)

Distance - Street Line to Front Line of Structure: _____ (feet) Distance - Side Lot Line to Structure: _____ (feet)

Estimated Cost: \$185,000 120,000

Remarks - Please indicate scope of work: _____

Remodel includes Kitchen, Den, Bathroom and partial Family Room

* * * * * Winner Alterations Approved At Take 11/10/17 Building

Herewith are filed the specifications that describe the work in question and as shown on the plans above submitted. Bob Anderson MTL

In making the application, the undersigned agrees to obey the Fox Point Building and Zoning Codes pertaining to the erection of all structures and also agrees to obey all other ordinances of the Village of Fox Point.

The undersigned, owner or being duly authorized so to do, hereby gives express authorization to the Village of Fox Point, its officers, agents and employees, to enter upon the premises herein described and fill up any excavation, or tear down, remove or enclose the unfinished structure for which a permit is herein requested in the event of cessation of the building, whenever the Building Inspector shall determine that such premises in the unfinished condition of the structure are dangerous to members of the public, including children, even though trespassers. The undersigned further hereby waives all statutory notices and consents to the determination by the Village Board and the levy and placing upon the tax roll of a special assessment in the amount of the cost to the Village, including customary Village overhead charges incurred in filling up any such excavation or tearing down, removing or enclosing any such unfinished structure.

We hereby agree to provide a house number plate or sign readily observable from the public highway which will be installed not less than 15 days after the structure is occupied.

Owner of Structure: Gary & Marci Taxman Designer & Manager: _____
Architect/Contractor: Angela Westmore, Angela Westmore, LLC.

Address: 1015 E Churchill Lane Address: 1422 East Albion Street

City: Fox Point State: WI Zip: 53217 City: Milwaukee State: WI Zip: 53202

Telephone: Home: (414) 351-0027 Telephone: Office: 414-225-9711, Angela cell: 262-227-9711

Email Address: gtaxman@taxmaninvestment.com Email Address: angela@westmoredesignbuild.com

Dwelling Contractor Certification No.: Bob Anderson Builders, Contractor
4409 Expiration Date: 07/19

Dwelling Contractor Qualifier Certification No.: 111120 1111220 Expiration Date: 07/19

Permit Fee: 175.00 75.00 Receipt No.: _____

Applicant Signature: [Signature] Date Application Approved: 12/6/17

**IF HOMEOWNER IS APPLYING FOR A BUILDING PERMIT,
A SIGNED CAUTIONARY STATEMENT FORM MUST BE ATTACHED.**

Date Submitted: 10/23/17

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Distance - Street Line to Front Line of Structure: _____ (feet) Distance - Side Lot Line to Structure: _____ (feet)

Estimated Cost: \$120,000

Remarks - Please indicate scope of work: _____

Remodel includes Kitchen, Den, and Bathroom

Herewith are filed the specifications that describe the work in question and as shown on the plans above submitted.

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City: Fox Point State: WI Zip: 53217 City: Milwaukee State: WI Zip: 53202

Telephone: Home: (414) 351-0027 Telephone: Office: 414-225-9711, Angela cell: 262-227-9711

Email Address: gtaxman@taxmaninvestment.com Email Address: angela@westmoredesignbuild.com

Dwelling Contractor Certification No.: Bob Anderson Builders, Contractor 4409 Expiration Date: 07/19

Dwelling Contractor Qualifier Certification No.: Dan Schmidt, cell: 414-628-9185 1111220 Expiration Date: 07/19

Permit Fee: \$ _____ Receipt No.: _____

Applicant Signature:  Date Application Approved: _____

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