



**APPLICATION FOR HEIGHT PERMIT**

**Fire Prevention and Building Safety**  
400 La Crosse St, La Crosse, WI 54601  
(608) 789-7530 • Fax: (608) 789-7589

<http://www.cityoflacrosse.org> [inspection@cityoflacrosse.org](mailto:inspection@cityoflacrosse.org)

Gregg A. Cleveland, Fire Chief

Application No: \_\_\_\_\_

Date: \_\_\_\_\_

Parcel No: \_\_\_\_\_

**PROJECT**

**Project Address:**

Description of Premises:

Occupancy:

Maximum Height of this construction above sea level:

**OWNER**

Name:

Address:

Zip Code:

Fax:

Phone:

Email:

State:

Cell:

**CONTRACTOR**

Name:

City:

Zip Code:

Cell:

Address:

State:

Phone:

Fax:

Supervisor:

WIS Cred/Qual:

Zip Code:

Email:

**PROPERTY**

**For Office Use Only:**

Application Approved:

Date:

Signature:

**IT IS HEREBY AGREED** between the undersigned as owner, owner's agent or servant, and the City of La Crosse, that for and in consideration of the premises and of the permit to construct, erect, alter or install as above described. To be issued and granted by the Fire Prevention and Building Safety of the City of La Crosse, that the work thereon will be done in accordance with the description herein set forth in this statement; and it is further agreed to construct, erect, alter or install in strict compliance with Chapter 8, Article IV of the Municipal Code of the City of La Crosse; and to obey any and all lawful orders of the Fire Prevention and Building Safety made or issued by the virtue of provisions of said ordinances.

**PLEASE MAKE CHECKS PAYABLE TO: CITY OF LACROSSE TREASURER**

\_\_\_\_\_  
(PRINT) AGENT/CONTRACTOR NAME                      DATE

\_\_\_\_\_  
(SIGN) AGENT/CONTRACTOR NAME                      DATE

\_\_\_\_\_  
(PRINT) OWNER NAME                                      DATE

\_\_\_\_\_  
(SIGN) OWNER NAME                                      DATE