



Village of Brown Deer
 4800 W. Green Brook Dr.
 Brown Deer, WI 53223
 414-371-3030 / Fax 414-371-3045

PERMIT NO:

PPR -

BUILDING PERMIT APPLICATION

PB 19 - 0214
 inv. 8065

8715

One & Two Family Commercial

Project Address: 8729 N. Deerwood Dr			
OWNER: Bill Lange		Owner Telephone: 414-651-6759	
Mailing Address: N108W. 16678 Carrington Circle		City: Germantown	State: WI Zip: 53002
To Be Occupied By:		Telephone:	
CONTRACTOR: Heritage Movers LLC		Contractor Telephone: 608-732-4505	
Address: 12527 Barthwaite Ln		Qualifier Name: (Print Name) Russell Childs member	
City: MT. Hope	State: WI	Zip: 53816	
Dwelling Contractor No:	Expires:	Dwelling Contractor Qualifier No:	Expires:
Architect/Design Engineer Firm: (If Applicable)		Contact Person: (Print Name)	
Address:		City:	State: Zip:
Addition	Fascia / Soffit	Found. Repair	
Alterations	Fence (\$30.00 fee)	Re-Roofing	
Building Board	Finished Basement	Shed	
Deck (\$85.00 fee)	Fireplace	Siding	
EROSION CONTROL (YOU MUST FILL OUT SEPARATE EROSION CONTROL PERMIT)		Other	X
Square Footage Under Construction		Sq. Ft.	Estimated Cost of Work (You must put in a total) \$ 25,000
DOUBLE FEES FOR WORK STARTED BEFORE OBTAINING A PERMIT		TOTAL PERMIT FEE \$ 406.00	
State in detail the kind of occupancy or work to be performed: (Mention alterations, replacements, fence, etc.)			
Move house From N. Deerwood Dr. to 8520 N 43rd St.			
House 10¢ square Foot 28 x 48 - 8134 ⁰⁰		4200 base 4200 ⁰⁰	
Garage 10¢ square Foot 24 x 30 - 472 ⁰⁰		406 ⁰⁰	
Trees will have to be Trimmed on 43rd st.			

Inspections are required before any work is concealed, when work is complete and prior to occupancy or use. Please have permit number and address when requesting inspections. Please give at least 24 hours notice. FINAL INSPECTIONS ARE MANDATORY.

It is Hereby Agreed between the undersigned as owner or his/her agent, and the Village of Brown Deer, that for and in consideration of the premises and of the permit to construct erect, alter or install and the occupancy of building as above described, to be issued and granted by the Building Inspector, that the work thereon will be done in accordance with the descriptions herein set forth in this statement, and as more fully described in the specifications and plans herewith filed; and it is further agreed to construct, erect, alter or install and occupy in strict compliance with the ordinances of the Village of Brown Deer, and to obey any and all lawful orders of the Building Inspector of the Village of Brown Deer, and all State Laws relating to the construction, alteration, repairs, removal and safety of buildings other structures and permanent building equipment.

Signature of Applicant: Russell Childs Date: 12-10-19
 /13/16 (if owners signature, I acknowledge that I have read and understand the cautionary & statute statements)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER M&P Specialty Insurance 1179 Sunset Blvd. P.O. Box 4119 West Columbia SC 29171	CONTACT NAME: Jackie Middleton PHONE (A/C No, Ext): (803) 602-0471 E-MAIL ADDRESS: jmiddleton@mppspecialty.com	FAX (A/C, No): (803) 602-0472
	INSURER(S) AFFORDING COVERAGE	
INSURED Heritage Movers, LLC 12527 Garthwaite Lane Mt. Hope WI 53816	INSURER A: HDI Global Specialty SE	NAIC # AA1120822
	INSURER B: HDI Global Insurance Company	41343
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2019 REG **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> X C U <input checked="" type="checkbox"/> Care, Custody, and Control GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		IG31L000013 01	09/15/2019	09/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Care Custody Control \$ 1,000,000
	B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		GA31L000013 01	09/15/2019	09/15/2020
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					COMBINED SINGLE LIMIT EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Proof of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE