

Application for permit

No. 19279

City of Plymouth 128 Smith Street, P.O. Box 107, Plymouth, WI 53073
920-893-1271 Ext. 320, Fax 920-893-0183

TO THE BUILDING INSPECTOR: DATE: 8-27- 2019
The undersigned hereby applies for a permit to construct, remodel, repair, or install according to the following statement:

- Project Address 431 Summit Street, Plymouth
- Owner Ryan Southworth Phone # (920) 938-4445 Address 431 Summit Street
- Contractor/Builder _____ Address _____
Telephone Phone _____ Certification # _____ Exp. _____
- Plumber _____ Address _____
Telephone Phone _____ Certification # _____ Exp. _____
- Electrician _____ Address _____
Telephone Phone _____ Certification # _____ Exp. _____
- HVAC _____ Address _____
Telephone Phone _____ Certification # _____ Exp. _____

DESCRIPTION OF WORK ENCLOSE EXISTING OPEN PORCH

Proposed Setbacks: Road _____ Rear _____ Side _____

Accessory Building Size: _____ X _____ Height _____

Scheduled Start Date: _____

Estimated Cost: \$3000⁰⁰ Permit Fee: \$110⁰⁰ Credit Cash Check# 5174

Remarks _____

Approval: Business Inspector [Signature] Date: 9-4-19

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and is further agreed to construct, alter, repair, and install in strict compliance with the building ordinance and other ordinances of the City of PLYMOUTH, and the State Building Code of Wisconsin and to obey any and all lawful orders of the Inspector of Buildings of the City of PLYMOUTH. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for all and any damage to persons or property caused by and arising from the grant and exercise of such privilege.

NOTE: APPLICANT MUST CALL FOR REQUIRED INSPECTIONS.

Signature [Signature] Name (PRINT) RYAN Southworth

Address 431 Summit Street
Plymouth, WI 53073

SIGN CAUTIONARY STATEMENT ON THE BACK

Application for permit

No. 19281

City of Plymouth 128 Smith Street, P.O. Box 107, Plymouth, WI 53073
920-893-1271 Ext. 320, Fax 920-893-0183

TO THE BUILDING INSPECTOR:

DATE: 8/27/19, 2019

The undersigned hereby applies for a permit to construct, remodel, repair, or install according to the following statement:

- Project Address 431 SUMMIT STREET PLYMOUTH 53073
- Owner TAMARA SOUTHWORTH Phone # 920-838-4934 Address 431 SUMMIT STREET
- Contractor/Builder Feldco Factory Direct, LLC
125 E. Oakton Street Address _____
Des Plaines, IL 60018
- Telephone Phone 708-437-4100 EXT. 4035 Certification # _____ Exp. _____
- Plumber _____ Address _____
- Telephone Phone _____ Certification # _____ Exp. _____
- Electrician _____ Address _____
- Telephone Phone _____ Certification # _____ Exp. _____
- HVAC _____ Address _____
- Telephone Phone _____ Certification # _____ Exp. _____

DESCRIPTION OF WORK REPLACE 9 WINDOWS IN EXISTING OPENINGS

Proposed Setbacks: Road _____ Rear _____ Side _____

Accessory Building Size: _____ X _____ Height _____

Scheduled Start Date: _____

Estimated Cost: 6572.00 Permit Fee: 42.00 Credit Cash Check# 170556

Remarks _____

Approval: Business Inspector [Signature] Date: 9-4-19

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and is further agreed to construct, alter, repair, and install in strict compliance with the building ordinance and other ordinances of the City of PLYMOUTH, and the State Building Code of Wisconsin and to obey any and all lawful orders of the Inspector of Buildings of the City of PLYMOUTH. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for all and any damage to persons or property caused by and arising from the grant and exercise of such privilege.

NOTE: APPLICANT MUST CALL FOR REQUIRED INSPECTIONS.

Signature [Signature] Name (PRINT) JOAN MURRAY

Address 125 E OAKTON STREET
DES PLAINES IL 60018

SIGN CAUTIONARY STATEMENT ON THE BACK

W19G B0389

W19G B0389

SALES CONTRACT • FFD National, LLC • 5801 S Pennsylvania Ave • Cudahy, WI 53110 • www.4feldco.com • (866)-4FELDCO

Customer Name: Southworth Ryan & Tamara
Address: 431^{last} Summit^{front} St
City/State/Zip: Plymouth WI 53073
Primary Phone: 920 838 4954 Secondary Phone: _____
Email Address: _____

Feldco agrees to provide windows and installation at the address listed.
Customer agrees to the following payment breakdown:
Initial Deposit \$ 1,315.00
Upon Final Measurements _____ .00
Upon Completion 5,257.00
Total Contract Price \$ 6,572.00



Windows • Siding • Doors

Salesperson: Steven GB
Location: _____

Deposit Type _____
Check# _____
Credit Card: MC
Cash: _____

Qty	Sophia Series Model	Color: Outside	Color: Inside	Options
9	Double Hung 1655	<input checked="" type="radio"/> White <input type="radio"/> Other	<input checked="" type="radio"/> White <input type="radio"/> Other	<input checked="" type="radio"/> Half Screen <input type="radio"/> Grids <input type="radio"/> Full Screen
	Casement 1675	<input type="radio"/> White <input type="radio"/> Other	<input type="radio"/> White <input type="radio"/> Other	
		<input type="radio"/> White <input type="radio"/> Other	<input type="radio"/> White <input type="radio"/> Other	
		<input type="radio"/> White <input type="radio"/> Other	<input type="radio"/> White <input type="radio"/> Other	

Other: _____
 Windows include Low-E glass with Argon Gas and Duralite Spacer System.
 Windows include Transferable Lifetime Limited Warranty on Frame Structure, Glass Seal, and Glass Breakage.
Color of Aluminum Capping of Exterior Wood Frame with Exterior Caulk White Other Colonial Ivory

Notice To Buyer: This order is subject to all of the items set forth on the face and reverse side. By executing this instrument, buyer agrees to all terms and conditions.

[Signature] Signature of Buyer Date 8/17/2019
[Signature] Signature of Buyer Date 8/17/2019
Feldco Signature [Signature] Date 8/17/19

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Renovate Right* informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

[Signature] Signature of Buyer Date 8/17/2019

Notice Concerning Construction Defects

Buyer acknowledges receipt of the Notice Concerning Construction Defects and the brochure prepared by the Wisconsin Department of Commerce entitled "Wisconsin's Framework for Successful Communications Between Consumers and Contractors."

[Signature] Signature of Buyer Date 8/17/2019

Customer Delight Notifications

At Feldco, we believe in regular communication with our customers. Over the course of your project, as well as after your installation, we will be communicating with you via landline or mobile calls, text messaging, and/or email on a variety of topics such as *Appointment Setting (Measure, Installation, Service as needed) *Order Status *Customer Delight Survey *Finance Approval (as needed) *Future Sales and promotions. By signing this agreement, you consent to allowing Feldco Factory Direct, LLC and its affiliates, agents, and service providers to call, text, and email you.

Feldco Factory Direct, LLC will not sell your information to any outside parties at any time. You may ask to be put on our internal "Do Not Call" list at any time by calling 866-4FELDCO or emailing info@4feldco.com

[Signature] Signature of Buyer Date 8/17/2019

Notice of Right to Cancel Date of transaction: 8/17/19

YOU, THE CONSUMER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THIS NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.

If you cancel, any property traded in, any payments made by you, and any negotiable instrument executed by you under the contract or transaction will be returned within 10 business days following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be cancelled.

If you cancel, you must make available to the seller at your residence in substantially as good a condition as when you received, any goods delivered to you under this contract or transaction, or you may if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk.

If you make the goods available to the seller and the seller does not pick them up within 20 days of the date of your notice of cancellation, you may retain or dispose of the goods without any further obligation.

If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and fail to do so, then you remain liable for performance of all obligations under the contract.

To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice or any other written notice, to:
Feldco Factory Direct, LLC
125 E. Oakton, Des Plaines, IL 60018
Fax: 847-298-3697

CITY OF PLYMOUTH

No. 08329

128 Smith Street • Plymouth, WI 53073
(920) 893-1271 • Fax (920) 893-0183

APPLICATION FOR PERMIT

TO THE BUILDING INSPECTOR:

DATE: 9-12, 20 08

The undersigned hereby applies for a permit to construct, remodel, repair or install according to the following statement:

- Project Address 431 Summit Zone _____
- Owner Steve Eggert Address Same
Phone 892-2934
- Contractor/Builder Schrage Builders Address 14903 Semetary Rd. Kiel
Telephone Phone 920-286-1215 Certification # 9762
- Plumber: _____ Address _____
Telephone Number _____ Certification # _____
- Electrician: _____ Address _____
Telephone Number _____ Certification # _____
- HVAC: _____ Address _____
Telephone Number _____ Certification # _____
- Description of work Replacing porch steps

Proposed Setbacks: Road _____ Rear _____ Side _____

Accessory Building Size: _____ X _____ Height _____

- Scheduled start date 9-12-08
- Estimated Cost \$450 Permit Fee \$25.00 Rec'd Cash 25.00 Ch # _____
- Remarks _____

Approval: Building Inspector _____ Date: _____

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and it is further agreed to construct, alter, repair and install in strict compliance with the building ordinance and other ordinances of the City of PLYMOUTH, and the State Building Code of Wisconsin and to obey any and all lawful orders of the Inspector of Buildings of the City of PLYMOUTH. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for all and any damage to persons or property caused by and arising from the grant and exercise of such privilege.

NOTE: APPLICANT MUST CALL FOR REQUIRED INSPECTIONS.

Signature Mitch Schrage
Mitch

Name _____
(PRINT)
Address _____

CITY OF PLYMOUTH

No. 06 269

128 Smith Street • Plymouth, WI 53073
(920) 893-1271 • Fax (920) 893-0183

APPLICATION FOR PERMIT

TO THE BUILDING INSPECTOR:

DATE: 8-14, 2006

The undersigned hereby applies for a permit to construct, remodel, repair or install according to the following statement:

- Project Address Steve Eggert Zone _____
- Owner 431 Summit Street Address Same
- Contractor/Builder C+E Roofing Telephone Phone 451-11580 Address 1214 N. 14th St. Sheb. Certification # _____
- Plumber: _____ Address _____ Telephone Number _____ Certification # _____
- Electrician: _____ Address _____ Telephone Number _____ Certification # _____
- HVAC: _____ Address _____ Telephone Number _____ Certification # _____
- Description of work Removing tin roof - New decking w rubber roof.
Removing from railing & replacing - Spindles & lattice work.

Proposed Setbacks: Road _____ Rear _____ Side _____

Accessory Building Size: _____ X _____ Height _____

- Scheduled start date 8-14-06
- Estimated Cost \$1800 Permit Fee \$25.00 Rec'd Cash 25.00 Ch # _____
- Remarks _____

Approval: Building Inspector _____ Date: _____

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and it is further agreed to construct, alter, repair and install in strict compliance with the building ordinance and other ordinances of the City of PLYMOUTH, and the State Building Code of Wisconsin and to obey any and all lawful orders of the Inspector of Buildings of the City of PLYMOUTH. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for all and any damage to persons or property caused by and arising from the grant and exercise of such privilege.

NOTE: APPLICANT MUST CALL FOR REQUIRED INSPECTIONS.

Signature Morgan Wigg

Name (PRINT) Morgan Wigg
Address 1214 N 14th Sheboygan

CITY OF PLYMOUTH

No. 04226

128 Smith Street • Plymouth, WI 53073
(920) 893-1271 • Fax (920) 893-0183

APPLICATION FOR PERMIT

TO THE BUILDING INSPECTOR:

DATE: 6-28, 2004

The undersigned hereby applies for a permit to construct, remodel, repair or install according to the following statement:

1. Location of Structure 431 Summit Street Zone _____
2. Owner Steven Eggert Address 431 Summit St.
Phone 892-2934
3. Contractor Bein Siding + Trim Address N 5106 Country Aine Rd.
Phone 893-5454
4. Architect _____ Address _____
Lic/Cert# _____ Phone _____
5. Permit for Re-siding
6. Estimated Cost 10,500.00 Permit Fees \$55.00 pd ck # 7260
7. Description of work _____

Re-side

8. Scheduled start date 6-28-04

9. Remarks _____

The undersigned hereby applies for a permit to do the work above described, and hereby agrees that such work will be done in accordance with the descriptions herein set forth in this statement; and it is further agreed to construct, alter, repair and install in strict compliance with the building ordinance and other ordinances of the City of PLYMOUTH, and the State Building Code of Wisconsin and to obey any and all lawful orders of the Inspector of Buildings of the City of PLYMOUTH. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for all and any damage to persons or property caused by and arising from the grant and exercise of such privilege.

NOTE: APPLICANT MUST CALL FOR REQUIRED INSPECTIONS.

Signature Wesley A. Bein

Name Wesley A. Bein
(PRINT)
Address N 5106 Country Aine Rd
Plymouth, WI