

USE THIS FORM TO APPLY FOR WORK TO BE DONE ON COMMERCIAL BUILDINGS

THE OWNERS NAME **MUST** BE THE NAME THAT APPEARS ON THE TAX ROLL -call 879-5011 to verify

Applications must be re-submitted and will be delayed if the current owner is not correctly identified

Parcel Number	ELK MOUND WIS BUILDING PERMIT APPLICATION	Building Address
	The information you provide may be used by other government agency programs (Privacy Law,s. 15.04 (1)(m))	

PERMIT REQUESTED	Estimated Value	<input type="checkbox"/> Erosion Control		Estimated Value
<input type="checkbox"/> Constr.		<input type="checkbox"/> Electric	- - -	
<input type="checkbox"/> HVAC		<input type="checkbox"/> Plmbng	- - -	

Owner's name	Mailing address	Telephone
		Cell
		Fax

License #		Telephone
		Cell
		Fax

License #	Mailing address contact	Telephone
		Cell
		Fax

License #	Mailing address contact	Telephone
		Cell
		Fax

License #	Mailing address contact	Telephone
		Cell
		Fax

Project Location	1/4	1/4	Section	S27	T28	R11
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Zoning District(s)		Subdivision Name	Lot No.	Block No.
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DESCRIPTION:

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

APPLICANT'S SIGNATURE	DATE SIGNED
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This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

APPROVAL CONDITIONS

The owner is responsible to meet all provisions of the Wisconsin Commercial Building Code

The Code is available from State Document Sales, PO 7840, Madison, WI, 53707 Tel. (800) 362-7253

The Code is available for viewing, copying, or printing at no charge on the Internet at [www.legis.state.wi.us/ rsb/](http://www.legis.state.wi.us/rsb/)
 Info is also available at the Dept. of Com. website www.commerce.state.wi.us (click on Division of Safety&Buildings)

I have read and will abide by the above approval conditions	Initials:		Date:	
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SETBACKS:	Front	Rear	Left	Right
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FEES:	WIS Permit Seal No.	Permit Issued By:
Construction \$		Name: _____
Village Fee \$	Receipt	Date: _____ Tel. _____
Inspection Services \$	Cash Ck _____	Cert. No. _____
	Date _____	
	From _____	
TOTAL \$	Rec. By _____	