

USE THIS FORM TO APPLY FOR WORK TO BE DONE ON ONE AND TWO FAMILY HOMES

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	
Constr. Contractor's name Lic. Cert.#		Contractor #			Telephone	
					Cell	
					Fax	
Electric Contractor's name Lic. Cert.#		Mailing address contact			Telephone	
					Cell	
					Fax	
HVAC Contractor's name Lic. Cert.#		Mailing address contact			Telephone	
					Cell	
					Fax	
Plumbing Contractor's name Lic. Cert.#		Mailing address contact			Telephone	
					Cell	
					Fax	
Project Location		1/4	1/4	Section	I	R
Zoning District(s)		Subdivision Name		Lot No.	Block No.	
R1						
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		
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 Uniform Dwelling Code						
The Code is available from State Document Sales, POB 7840, Madison, WI, 53707 Tel. (800) 362-7253						
Explanatory information is available by requesting the "Uniform Dwelling Code & Commentary"						
The Code is available for viewing, copying, or printing at no charge on the Internet at 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:
SETBACKS:	Front	Rear	Left	Right		
FEES:	WIS Permit Seal No.		Permit Issued By:			
Permit Fee	\$		Name: Matt Flatland			
Inspection Services	\$		Date: Tel. 715-933-1003			
Administrative Fee	\$	Cash	Cert. No. UDC-051600006			
Parkland Dedication	\$	Check #				
Erosion Control Plan	\$	Date				
Permit Seal	\$	From				
TOTAL		Rec. By				