



Accessory Building Permit Application

Permit Number: _____

Parcel Number: _____

Owner: _____ Email: _____

Address: _____ Phone Number: _____ Zoning District: _____

- Garage/Shed HVAC Plumbing Remodel
- Deck/Fence Electrical/Service Upgrade Sign Misc _____

Project Description: _____

Project Dimensions: _____ Square Footage: _____ Estimated Value \$ _____

Set Backs: Left: _____ Right: _____ Front: _____ Rear: _____

General Contractor: _____ Phone: _____

Address: _____ License: _____

Sub-contractor: _____ Phone: _____

Address: _____ License: _____

Sub-contractor: _____ Phone: _____

Address: _____ License: _____

Sub-contractor: _____ Phone: _____

Address: _____ License: _____

The undersigned hereby applies for a building permit for the project described above in conjunction with the plans and specifications submitted with this application; certifies that the information submitted herein is accurate; agrees to comply with the Wisconsin Administrative Code, Municipal Ordinance, and with the conditions of this permit; and understands that permit issuance creates no legal liability, expressed or implied, on the Department or Municipality. *It is the responsibility of the applicant to comply with all Town Ordinances.*

Applicant Signature: _____ Date: _____

Fees: _____ Check # _____

Inspector Signature: _____ Date: _____

Inspector Comments: _____

*A \$150 fine will be issued to any contractor in violation of town ordinances. These fines must be paid before any red tag is removed and construction can resume.

*Erosion control measures must be maintained throughout project and until vegetation is stabilized.

*Property owners are only allowed to do work on properties which they occupy. All building trade contractors must be licensed and/or registered with the State of Wisconsin, Department of Commerce. Only projects listed on this application are permitted. Permits expire 12 months after date of issuance.