

Accessory Building Permit Application

Permit Number:_		
_		_

Parcel Number:_____

Owner:	En	nail:			
Address:		Phone Number:		Zoning District:	
☐ Garage/Shed	□HVAC		Plumbing	Remodel	
☐ Deck/Fence	☐ Electrical/Service Upgrade	e	Sign	☐ Misc	
Project Description:					
roject Dimensions: Square Footage:		e:	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:		
with this application; certing Municipal Ordinance, and	olies for a building permit for the project defies that the information submitted hereind with the conditions of this permit; and undertiment or Municipality. It is the response	n is accurate; nderstands th	agrees to comply wit nat permit issuance c	h the Wisconsin Administrative Code, reates no legal liability, expressed or	
Applicant Signature:			Date:		
Fees:			Check #		
Inspector Signature:			_ Date:		
Inspector Comments: _					
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2400 Shady Court De Pere, WI 54115 Phone: (920) 336-9131 Fax: (920) 336-9193

Online Submission: Permit@lawrencewi.gov

^{*}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.