

Village of Port Edwards 201 Market Ave. Port Edwards, WI 54469 715-887-3512		VILLAGE OF PORT EDWARDS PERMIT FOR <b>PLUMBING ADD-ONS; REPLACEMENTS OF WATER HEATER, WATER TREATMENT SYSTEMS; OR MAJOR ALTERATIONS</b>				Application No.	
						Parcel No.	
Owner's Name:			Mailing Address:			Tel.	
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg			Lic/Cert#	Mailing Address		Tel.	
						FAX	
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						FAX	
<b>PROJECT LOCATION</b>	Lot area  Sq. ft.		____1/4, ____1/4, of Section _____, T _____ N,R _____ E(or)W				
Building Address:				Lot No.		Block No.	
Zoning District(s)	Zoning Permit No.	Setbacks:	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.	
PROJECT DESCRIPTION							
\$25.00 MINIMUM – CALL FOR QUOTE				PROJECT COST:			
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. I expressly grant the building inspector, or the inspector's authorized agent, and the assessor 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			
APPROVAL CONDITIONS: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.							
ISSUING JURISDICTION		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of: PORT EDWARDS			Municipality Number of Dwelling Location		
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:	
Plan Review	\$ _____	<input type="checkbox"/> Electrical		_____		NAME	
Inspection	\$ _____	<input checked="" type="checkbox"/> Plumbing				DATE _____ TELEPHONE NO:	
Wis. Permit Seal	\$ _____	<input type="checkbox"/> Other					
Other	\$ _____						
Total	\$ _____					Cert. No.	