

Village of Port Edwards 201 Market Ave Port Edwards, WI 54469 715-887-3512		VILLAGE OF PORT EDWARDS PERMIT FOR DECK				Application No.	
						Parcel No	
Owner's Name:			Mailing Address:			Tel.	
Contractor's Name: Construction			Lic/Cert#	Mailing Address	Tel.		
					FAX		
Contractor's Name: Electrical			Lic/Cert#	Mailing Address	Tel.		
					FAX		
PROJECT LOCATION	Lot area	Sq. ft.	E(or)W _____1/4, _____1/4, of Section _____, T _____N, R _____				
Building Address:				Lot No.		Block No.	
Zoning District(s)	Zoning Permit No.	Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.	
PROJECT DESCRIPTION							
FEE: \$.10 / sq. ft. (\$25.00 Minimum) or \$5.00 / \$1000.00 of valuation				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		Village of Port Edwards			Municipality Number of Dwelling Location		
FEES:		PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:			
Plan Review		<input type="checkbox"/> Construction <input type="checkbox"/> Electrical		NAME _____			
Inspection				DATE_____TELEPHONE NO:			
Other				Cert. No.			
Total							