

Village of Port Edwards 201 Market Street Port Edwards, WI 54469 715-887-3512		VILLAGE OF PORT EDWARDS <b>DWELLING / GARAGE ALTERATIONS</b>						Application No.	
								Parcel No.	
Owner's Name:				Mailing Address:				Tel.	
Moving Contractor Name:				Lic/Cert#		Mailing Address		Tel.	
								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									
CALL FOR QUOTE: \$.10 / sq. ft. (\$25.00 MINIMUM) \$5.00/\$1,000 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				<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"/> Construction		_____		NAME _____			
Inspection _____		<input type="checkbox"/> HVAC		_____		DATE _____ TELEPHONE NO:			
<div>Wis.PermitSeal</div> _____		<input type="checkbox"/> Electrical		_____		Cert. No.			
Other _____		<input type="checkbox"/> Plumbing		_____					
Total \$ _____		<input type="checkbox"/> Erosion		_____					