

Village of Port Edwards 201 Market Street Port Edwards, WI 54469 715-887-3512		VILLAGE OF PORT EDWARDS DWELLING / GARAGE ALTERATIONS				Application No.	
						Parcel No.	
Owner's Name:			Mailing Address:			Tel.	
Moving Contractor Name:			Lic/Cert#	Mailing Address		Tel.	
						FAX	
PROJECT LOCATION	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.
PROJECT DESCRIPTION							
CALL FOR QUOTE: \$.10 / sq. ft. (\$25.00 MINIMUM)						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:			Municipality Number of Dwelling Location		
		PORT EDWARDS					
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:	
Plan Review _____ Inspection _____ Wis.PermitSeal _____ Other _____ Total \$ _____		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion		_____ _____		NAME _____ DATE _____ TELEPHONE NO: _____ Cert. No. _____	