

Village of Port Edwards 201 Market Ave. Port Edwards, WI 54469 715-887-3512		VILLAGE OF PORT EDWARDS PERMIT FOR MOVING						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.		Right ft.	
PROJECT DESCRIPTION MOVE FROM _____ ROUTE _____ TO _____ TIME OF DAY _____ <input type="checkbox"/> AM <input type="checkbox"/> PM MOVING CONTRACTOR _____									
						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.									
SEE ORDINANCE 216 ON BACK OF SHEET									
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)		WIS PERMIT SEAL		PERMIT ISSUED BY:			
DWELLING _____ ACCESSORY _____ 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. _____			

