

Village of Port Edwards 201 Market Ave Port Edwards, WI 54469 715-887-3512		PERMIT FOR DETACHED GARAGE OR SHED				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		
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		
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		
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	Rear	Left	Right	
			ft.	ft.	ft.	ft.	ft.
PROJECT DESCRIPTION							
\$0.10 per square foot \$20.00 minimum (construction only)				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, 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	\$	<input checked="" type="checkbox"/> Construction				NAME _____	
Inspection	\$	<input type="checkbox"/> HVAC				DATE _____ TELEPHONE NO:	
Wis. Permit Seal	\$	<input type="checkbox"/> Electrical					
er	\$	<input type="checkbox"/> Plumbing					
Total	\$	<input type="checkbox"/> Erosion				Cert. No.	