

Village of Port Edwards 201 Market Ave Port Edwards, WI 54469 715-887-3512		PERMIT FOR SIGN				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		
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		
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.	
PROJECT DESCRIPTION							
\$5.00 per thousand dollars of cost of project \$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, 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			Cert. No.		
Other	\$ _____	<input type="checkbox"/> Plumbing					
Total	\$ _____	<input type="checkbox"/> Erosion					