

APPLICANT INFORMATION

Name _____
Mailing Address _____
City, State, Zip Code _____
Building Address _____
Phone Number _____

TYPE OF PROJECT

Construction Electric Other: Describe _____
 HVAC Plumbing * Razing _____

Project Cost: \$ _____ Starting Date: _____

CONTRACTOR

Name _____
Address _____
City, State, Zip Code _____
Phone _____

PROJECT – Provide a brief description of the project listed above (e.g. replacing siding, new shingles)

**Note: The Department of Public Works must be notified if razing a building to properly disconnect and abandon the sewer and water service.*

APPLICANT'S SIGNATURE _____

DATE SIGNED _____

Use of the form is limited to those projects that do not involve Additions to existing structures or New Construction (including buildings, garages, parking lots or any erosion controls).

This is not a ZONING PERMIT. ISSUES involving ZONING must be addressed separately.

OFFICE USE ONLY

| | | | |
|---------------------|-------|---------------|-------|
| FEE | _____ | APPLICATION # | _____ |
| RECEIPT # | _____ | ISSUED BY | _____ |
| DATE OF APPLICATION | _____ | PARCEL ID # | _____ |

Village of Stetsonville

PO Box 219

Stetsonville, WI 54480

Office Copy – White * Customer Copy - Yellow