

Land Use/Building Permit Application

rees:		ľ	'ermit #:			
Last Name	First Name			Mido	dle Name	
Mailing Address						
City	State Zip		Code	Telephone No. (Include Area Code)		
E-mail Address:						
PROJECT LOCATION						
Building Address:			Tax Parcel No:			
Type of Building:			Approximate Cost:			
Existing Use:			Nonconforming structure:			
Work to be performed:						
Town Zoning District: o Residential o o Rec/Commercial o c Commercial o	Agricultural Ag Conservancy Governmental		Other Districts:	ıd	Town PAD/CU #: If applicable	
Permits Checklist (attach copies of necessary approvals): O UDC Permit (New Residence) O Sauk County Sanitary Permit (New Residence) O Sauk County Land Use Permit (Shoreland District) Additional information: Contractor Name & Contact #:					ntact #:	
ATTACH THE FOLLOWING: Plot plan showing the location, boundaries, dimensions, elevations, uses, and size of the following: Subject site; existing and other public ways; off-street parking, loading areas and driveways; existing highway access restrictions; existing and proposed road, side, and rear yard setbacks. Also include any additional approvals as may be needed. I present that all the above information is correct, and understand that the issuance of this permit is for administrative purposes only. Onsite inspections are not performed by the municipality and I waive the town of any liability in association with any inspections that may be performed in						
accordance with s. 101.65 Wis. Stats. I realize the issuance of this permit does not relieve me of compliance with any other applicable codes, ordinances, or statutes.						
Owner/Agent:Date Signed:						
Conditions:						
PERMIT ISSUED BY:				DATE	DATE ISSUED:	