

608-493-2588 • tnadmin@tds.net

TOWN PERMIT ISSUED BY:

LAND USE / TOWN PERMIT APPLICATION

TOWN OF MERRIMAC –

SAUK COUNTY

Town Permit #.:	
Fees:	
0505 ': "	
GFC Permit #.:	

GEC Permit #.:

GEC Date Issued:

www.townofmerrimac.net				
Last Name	First Name		Middle Name	
Mailing Address				
City	State	Zip Code	Telephone # (Include Area Code)	
Email Address:				
Mail permit(s) to: ☐ Owner ☐ Contractor Address:	OR	Permit to b	e picked up by: Owner Contractor	
PROJECT LOCATION				
Site Address:		Tax Parcel #:		
Type of Building:	☐ Residential☐ Commercial	Approximate Cost	:	
Existing Use:		Nonconforming st	ructure: YES / NO	
			TES / NO	
Work to be performed:				
Town Zoning District:		Other Districts:	Town PAD/CUP #:	
☐ Residential ☐ Agricultural		☐ Shoreland	(If applicable)	
☐ Rec/Commercial ☐ Ag Conservan		☐ Flood plain		
☐ Commercial ☐ Governmenta		☐ Wetland		
Permits Checklist (Attach copies of necessary app	rovals):	Contractor Name	& Contact #:	
☐ GEC Permit ☐ Sauk County Sanitary Permit (New Residence)				
☐ Sauk County Sanitary Permit (New Residence)	rt)			
Additional Information:				
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:				

DATE ISSUED: