## County of Sauk

## **Town of Woodland**

## **Application for Building Permit**

Application r		r use by Princi	Application Fee Rece	eived by		
Date received:			Amount <b>\$50.0</b>	Non-Refunda	ble	
		A During Ed	34 C 44 C		- 1/2 - 1/2	
		A. Project L	ocation	Control of the Contro		
1/4 1	/4 Section T	R				
'						
Project estimated value	\$					
B. Applicant	☐ Owner or		☐ Auth	orized agent of owr	ner	
Applicant is:  Last name	First na	me				
	Street address			Unit number	Lot/con.	
	ode		E-mail			
Telephone number	phone number Fax			Cell number		
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	C C	wner (if differen	t from applicant)		<b>)</b>	
Last name	First na		The state of the s	Corporation or partnership		
	Street address			Unit number	Lot/con.	
Municipality	Postal co		Province		 E-mail	
Telephone number ( )		Fax ( )		Cell number		
" I one anguar		D. Builder (d				
Last name Firs		st name Corpora		ation or partnership (if applicable)		
-	Street address	i .	,		-	
Municipality Pos		stal code	Lic/Cert #	Lic/Cert # E-mail		
Telephone number		Fax		Cell number		
( )		()		( )		
The state of the s	AND THE PERSON NAMED IN COLUMN TWO	E. Purpose of	4			
☐ New construction	<ul><li>Addition to an existing building</li></ul>	☐ Alteration	ı/repair □ □	Demolition [	Conditional Permit	
Proposed use of	Current use of building					
		Description of pro	posed work			
		Description of pro	pooda work			

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F. Town of Woodland Siting Ordinance						
i. I have read the Town of Woodland Siting Ordinance attached to this application	☐ No					
ii. I understand that this application must be submitted 30 days prior to the regular monthly Plan Commission meeting. (2 <sup>nd</sup> Monday of every month at 6:30 P.M)	□ No					
iii. See attached fee schedule						
G. Attachments						
i. Attach ALL required State and County permits (if applicable).						
ii. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the  Town of Woodland Siting Ordinance (copy attached)						
H. Declaration of applicant						
	artify that:					
Icertify that: (print name)						
<ol> <li>The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> </ol>						
Date Signature of applicant						