BUILDING PERMIT APPLICATION **VILLAGE OF STETSONVILLE**

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