

GARAGE

TOWN OF ARBOR VITAE

BUILDING PERMIT APPLICATION

PERMIT NO. _____

PERMIT REQUESTED

Owner's Name _____	Mailing Address _____	Telephone _____
Contractor's Name _____	Mailing Address _____	Telephone _____

PROJECT LOCATION

_____ 1/4, _____ 1/4, SECTION _____, T _____ N, R _____ E (or) W

Building Address _____		Subdivision Name _____			Lot No. _____	Block No. _____
Zoning District _____	Lot Area _____ Sq. ft.	Setbacks _____	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.

PROJECT

Garage _____

Addition _____

Other _____

The applicant agrees to comply with the Wisconsin Uniform Dwelling Code and other Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, on the Department or Municipality; and certifies that all the above information is accurate. The applicant will have the project exterior completed within one year.

SIGNATURE OF APPLICANT _____ **DATE** _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

1. Owner or Contractor will obtain a Vilas County Zoning Permit before starting any excavating or construction of any kind
2. Owner or Contractor will call for all required inspections.

ISSUING JURISDICTION

TOWN VILLAGE CITY COUNTY
 STATE INDEPENDENT
 OF: **ARBOR VITAE**

Municipality Number of Inspection Authority
63-002

Municipality Number of Dwelling Location, if different

FEES	PERMIT(S) ISSUED	WIS. UNIFORM PERMIT SEAL NO.	PERMIT ISSUED BY
Plan Review \$ _____	<input type="checkbox"/> Construction		NAME _____
Inspection \$ _____	<input type="checkbox"/> HVAC		DATE _____
Wis. Permit Seal(s) \$ _____	<input type="checkbox"/> Electrical		
Other \$ _____	<input type="checkbox"/> Plumbing		
TOTAL \$ _____	<input type="checkbox"/> Other		CERT. NO. _____