



W3860 CTH O
 Sheboygan Falls, WI 53085
 (920) 467-1922

Town of Sheboygan Falls

BUILDING PERMIT APPLICATION

(New Construction of One or Two Family Dwellings need a different form - please contact Clerk)

PERMIT APPLICANT			
Name			Email
Mailing Address			Phone Number ()
City	State	Zip	

PROPERTY OWNER - if different than above			
Name			Email
Mailing Address			Phone Number ()
City	State	Zip	

PROJECT DESCRIPTION			
Project Address			Parcel Number 59026
City	State	Zip	Current Zoning:
Description of proposed work: _____			

Cost of Proposed Work (include labor) : \$ _____

For new buildings and additions that will change the footprint of the existing building, please provide a plan, drawn to scale, of the location of the building in relation to all other buildings and property lines, and the following:

Width: _____ Length: _____ Height: _____ Sq. Feet: _____
 No of Rooms: _____ No of Stories: _____ Basement: **Y N**

Has shoreland/floodplan permit been obtained from Sheboygan County Planning? (Please provide a copy.) **Y N n/a**
 Has sanitary permit been obtained from Sheboygan County Planning? (Please provide a copy.) **Y N n/a**

PROJECT CREW			
General Contractor	_____	Architect	_____
Carpenter	_____	Mason	_____
Plumbing Contractor	_____	HVAC	_____
Electrical Contractor	_____		

I hereby certify that all the information provided herein is true and correct, and understand that the issuance of this permit is for administrative purposes only. I understand that onsite construction inspections will not be performed by the Town of Sheboygan Falls. **Please be aware that additional county, state or federal building and land use regulations may apply. It is the applicant's responsibility to obtain all necessary permits and be in compliance with all relevant building and land use requirements.**

Applicant's signature: _____ Date Signed: _____

For office use only

PERMIT ISSUED BY:	_____	DATE ISSUED:	_____	PERMIT NO.:	_____
PERMIT FEE:	_____	LATE FEES:	_____	CASH / CHECK NO:	_____
PERMIT DENIED BY:	_____	DATE DENIED:	_____		
REASON FOR DENIAL:	_____				