

**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