

TOWN OF WASCOTT
P.O. Box 159
Wascott, WI 54890-0159
Phone: (715) 466-4252
Administrative Building Permit Application

PROJECT LOCATION

Address:

Parcel#: WA-032-

PROPERTY OWNER NAME AND MAILING ADDRESS

Last name:

First name:

Phone#:

Street:

City:

State:

Zip code:

Name of contractor/architect:

Phone#:

DESCRIPTION OF PROJECT

- New construction
- Addition to existing structure
If addition, what is included (check all that apply)
 - Bathroom
 - Bedroom
 - Deck
 - Porch
 - Basement
 - Other (Please specify)

TYPE OF STRUCTURE

- Year-round or seasonal home
- Attached garage
- Detached garage
- Storage building
- Other (please specify)

CONSTRUCTION TYPE

- Site constructed
- Manufactured

***FOR ADDITIONS, PLEASE SHOW FLOOR PLAN ON OTHER SIDE OF THIS FORM ***

AREA
OF PROJECT:

Dimensions

#Stories

ESTIMATED
CONSTRUCTION COST:

\$

DOUGLAS COUNTY
PERMIT#:

I certify that the information contained on this form is complete and accurate. I understand that this building permit is valid only in conjunction with an approved Douglas County permit. If the permit is for the construction of a new dwelling, a copy of the plans for the dwelling must be included with this application. I give my permission allowing Town personnel to inspect the site and to take photographs of the property.

APPLICANT SIGNATURE

DATE SIGNED

Do not write below this line.

ISSUING JURISDICTION:

TOWN OF WASCOTT

FEE: \$ 25.00

PERMIT ISSUED BY:

DATE:

**FLOOR PLAN SHOWING PLANNED ADDITION(S)
PLEASE SHOW APPROXIMATE DIMENSIONS**