APPLICATION FOR TOWN OF ANGELICA BUILDING PERMIT *(Pursuant to Town of Angelica Ordinance 1-9-95A)*

Name of Applicant_____
Address_____
Phone Number___(_____)_____

Address/***911 Number*** of Construction Project _____

Phone Number at Construction Project (if available)____(_____)_____

Date ***Driveway/Culvert Permit*** obtained_____ ***Permit Number*:**_____
Date ***Sanitary Permit*** obtained_____ ***Permit Number*:**_____

Type of Building Permit:
___ One and two family dwelling, manufactured home or attached unit...specify:_____
___ Addition or improvement to existing structure...specify:_____
___ Other structure...specify:_____

Anticipated Commencement Date_____ Anticipated Time Length to Complete Project_____

Estimated Cost of Project $_____

Dimensions:_____
Provide sketch of home foundation dimensions. If home has an attached garage, show dimensions of living area separate from garage dimensions .

☐ I acknowledge I have received a copy of Wisconsin State Statute §823.08, known as the Wisconsin Right to Farm State Statute.

Signed_____ Date_____

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