

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: _____

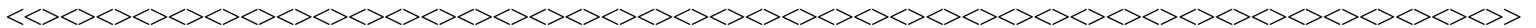
Anticipated Commencement Date _____ Anticipated Time Length to Complete Project _____

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 _____



TOWN OF ANGELICA BUILDING PERMIT --- PERMIT NUMBER _____

This certifies that _____
(Name) (Address of Construction Project)

has been issued a Town of Angelica Building Permit for the construction or moving of:

- New Building Structure _____
- Addition to Existing Structure _____
- Installation of Manufactured Home or Building _____
- Electrical Construction _____

FEE: _____ \$10.00.....\$50,000.00 or under in value _____ \$20.00under \$50,000.00 in value **after-the-fact**
_____ \$25.00..... over \$50,000.00 in value _____ \$50.00over \$50,000.00 in value **after-the-fact**

This permit shall be effective for one year from the issuance date. The permit may be renewed for an additional six months at half the initial annual permit rate.

Town of Angelica Issuer Date Issued