

Town of Saukville Building Permit Application

Applicant: _____
Name address phone

Owner of Site: _____
Name address phone

Contractor or Engineer: _____
Name address phone

State Contractor's Registration Number _____

Address of Premises: _____

Lot _____ Block _____ CSM#/Subdivision _____

Type and Square Footage _____

Tax Key Number: 08- _____ Zoning District _____

Residential or Commercial? (circle one) Type of Structure: _____

Proposed Use: _____ Estimated Cost: \$ _____

Owner/agent assumes responsibility for compliance with DNR well setback requirements as specified in the Wisconsin Administrative Code CH.NR812

Signature of Owner or Agent _____ Date _____

Authorization by Ozaukee Co. Department of Planning Resources and Land Management

Will this project fall within the shoreland/wetland district, requiring a land use permit? **Yes/ No**

Will this project fall within a floodplain district, requiring a special exemption permit? **Yes / No**

Signature of Director/Deputy _____ Date: _____

Certificate

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Applicant's signature _____ Date: _____

Address _____ Phone: _____

Date permit issued/denied _____ Building Inspector _____

Fee Paid/date/Receipt number \$ _____ / _____ / _____

Building Permit Number _____ Sanitary Permit # _____

Zoning Permit Issued? Yes/No Special Exemption # _____

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