

<b>Town of Saratoga</b> 1120 Hwy 73 S WI RAPIDS, WI 54494 715-325-5204	<b>TOWN OF SARATOGA</b> <b>PERMIT FOR</b> <b>Dwelling Addition / Remodel</b>	Application No.
		Parcel No.

Owners Name:	Mailing Address:		Tel.
Dwelling Contractor:	Lic/Cert#:	Mailing Address:	Tel.
Dwelling Contractor's Qualifier:	Lic/Cert#:	Mailing Address:	Tel.
Master Electricians Name:	Lic/Cert#:	Mailing Address:	Tel.
Master Plumbers Name:	Lic/Cert#:	Mailing Address:	Tel.
HVAC Installer's Name:	Lic/Cert#:	Mailing Address:	Tel.

Building Address:		Lot No.		Block No.		
Zoning District(s)	Zoning Permit No.	Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.

**PROJECT DESCRIPTION**

<b>Permit Fees: \$.12 sq. ft. (construction), all mechanicals \$.05 sq.ft. If not able to calculate sq ft - \$5.50 per \$1000.00 (of estimated costs)</b>	<b>PROJECT COST:</b>
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I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, and the assessor permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

<b>APPLICANT'S SIGNATURE</b>	<b>DATE SIGNED</b>
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**APPROVAL CONDITIONS:** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.


**CALL FOR INSPECTION BEFORE OCCUPANCY.**

ISSUING JURISDICTION	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:	Municipality Number of Dwelling Location
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FEES:		PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Inspection	\$ _____	<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion		NAME
Other	\$ _____			DATE _____ TELEPHONE NO: 715-459-8650
Total	\$ _____			Cert. No.

