

Town of Saratoga 1120 State Hwy 73 South Wisconsin Rapids, WI 54494 715-325-5204		PERMIT FOR <b style="color: red;">RAZING				Application No.	
						Parcel No.	
Owner's Name:		Mailing Address:				Tel.	
Contractor's Name: <input checked="" type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel.		
					FAX		
Contractor's Name: <input type="checkbox"/> Con <input checked="" type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel.		
					FAX		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel.		
					FAX		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input checked="" type="checkbox"/> Plbg		Lic/Cert#	Mailing Address		Tel.		
					FAX		
PROJECT LOCATION	Lot area	_____ 1/4, _____ 1/4, of Section _____, T _____ N,R					
Building Address:				Lot No.	Block No.		
Zoning District(s)	Zoning Permit No.	Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.	
PROJECT DESCRIPTION							
Permit Fee: \$55.00				PROJECT COST:			
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, 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.							
APPLICANT'S SIGNATURE				DATE SIGNED			
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.							
ISSUING JURISDICTION		SARATOGA		Municipality Number of Dwelling Location			
				-			
FEES:		PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:			
Construction	\$ _____	<input checked="" type="checkbox"/> Construction		NAME _____			
Electrical	\$ _____	<input type="checkbox"/> HVAC		DATE _____ TELEPHONE NO: 715-459-8650			
HVAC	\$ _____	<input type="checkbox"/> Electrical		Cert. No.			
Plumbing	\$ _____	<input type="checkbox"/> Plumbing					
Total	\$ _____	<input type="checkbox"/> Erosion					

