

TOWN OF SARATOGA 1120 HWY 73 S WI RAPIDS, WI 54494 715-325-5204	<b>TOWN OF SARATOGA PERMIT FOR ALTERATIONS/ADDITIONS (REPLACEMENT WATER HEATER/WATER TREATMENT SYSTEMS)</b>			Application No.
				Parcel No.

Owner's Name:		Mailing Address:		Tel.
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address	Tel.
				FAX
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				FAX

<b>PROJECT LOCATION</b>	Lot area	Sq. ft.			1/4,	1/4, of Section	,T	N,R	E(or)W
Building Address:				Lot No.	Block No.				
Zoning District(s)	Zoning Permit No.	Setbacks:	Front	Rear	Left	Right	ft.		

<b>PROJECT DESCRIPTION</b>									

<b>(\$55.00 WATER HEATER OR WATER TREATMENT SYSTEM) \$07 sq ft (\$50.00 MIN.) – CALL FOR QUOTE</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.

ISSUING JURISDICTION		X Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:	Municipality Number of Dwelling Location
		SARATOGA	

FEES:		PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review	\$ _____	<input type="checkbox"/> Electrical		NAME
Inspection	\$ _____	<input type="checkbox"/> Plumbing		DATE _____ TELEPHONE NO: 715-459-8650
Wis. Permit Seal	\$ _____	<input type="checkbox"/> Other		Cert. No.
Other	\$ _____			
Total	\$ _____			