

TOWN OF JACOBS

Permit # _____
Payment Receipt Date _____
Amount _____
Check # _____ Cash
To be completed by Town Clerk

BUILDING PERMIT APPLICATION

PROPERTY OWNER: _____

APPLICANT IF OTHER THAN OWNER: _____

PROPERTY LEGAL DESCRIPTION AND/OR ADDRESS:

SECTION: _____ T _____ N,R _____ W, PARCEL #012 _____ - _____

FIRE # _____ ROAD NAME _____

ACRES _____ LOT # _____ BLOCK # _____

PROJECT DESCRIPTION AND SIZE:

	LENGTH	WIDTH	TOTAL AREA
NEW DWELLING:	_____	X _____	= _____
MOBILE HOME:	_____	X _____	= _____
GARAGE:	_____	X _____	= _____
STORAGE BUILDING:	_____	X _____	= _____
DWELLING ADDITION:	_____	X _____	= _____
OTHER:	_____		

TOTAL ESTIMATED COST OF PROJECT INCLUDING LABOR: \$ _____

DESCRIBE PROJECT AND/OR ATTACH

DRAWINGS: _____

I DECLARE THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT THE ISSUANCE OF A BUILDING PERMIT IS FOR ADMINISTRATIVE PURPOSES ONLY. I UNDERSTAND THAT THE WISCONSIN UNIFORM DWELLING CODE APPLIES TO ALL ONE AND TWO-FAMILY DWELLINGS AND MUST BE COMPLIED WITH. **I UNDERSTAND THAT THE ISSUANCE OF A BUILDING PERMIT DOES NOT RELIEVE ME FROM THE REQUIREMENT TO OBTAIN PERMITS FROM THE ASHLAND COUNTY ZONING DEPARTMENT.**

A PERMIT ISSUED PER THIS APPLICATION IS VALID FOR THE CURRENT CALENDAR YEAR ONLY.

RETURN APPLICATION TO: **TOWN OF JACOBS PO BOX 184 GLIDDEN WI 54527**
WITH A CHECK FOR \$25.00.

SIGNATURE OF APPLICANT

DATE