## BUILDING INFORMATIONAL PERMIT Town of New Denmark

Town's Mailing Address: 5993 W. Cherney Road Denmark, WI 54208 (920) 863-5523

Application must be completed in ink		
PARCEL NO PROPERTY ADDRESS:	OWNER'S NAME:	
OWNER'S ADDRESS (If differe	nt):	
PHONE NO	ALTERNATIVE NO	
CONTRACTOR'S NAME:	PHONE:	
DESCRIPTION OF WORK TO E	BE PERFORMED:	
TOTAL VALUE OF WORK TO	BE PERFORMED: \$ BUILT: WIDTH DEPTH	
AREA (SQ. 1		
	awing of the parcel designating where the dwelling or proposed ad along with the appropriate setbacks from the property lines.	
of this property and will be done a STARTED UNTIL THE TOWN	tional Building Permit has been authorized by the (Owner) or (Agent) according to State Codes and Regulations. NO WORK SHALL BE BOARD RECEIVES THIS APPLICATION AND THE BUILDING APPLICABLE BUILDING PERMIT AND FEES HAVE BEEN	

PAID.

Applicant's Signature	(Date)	(Phone No.)		
Please print name:				
Acres:	APPROVED BY:			
Zoning:		DATE:	//	
Setbacks:		PERMIT NO:		

Please return the original to Zoning Administrator / Building Inspector 5 days in advance of the regularly scheduled Town Board Meeting which is the second Monday of each month.