

Richard Fellenz, Building Inspector  
Town of Port Washington  
4237 Highland Drive  
Port Washington, WI 53074  
(262) 284-0509

Permit # \_\_\_\_\_

Date: \_\_\_\_\_

### **TOWN BUILDING PERMIT FORM**

The undersigned hereby applies for a permit to build, remodel and occupy, or to install according to the following statement:

1. Owner \_\_\_\_\_ Address \_\_\_\_\_
2. Phone # (Home) \_\_\_\_\_ (Cell/Work) \_\_\_\_\_
3. Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision/CSM \_\_\_\_\_
4. TAX KEY # \_\_\_\_\_ (Required)
5. Size of Lot \_\_\_\_\_ Width of Street \_\_\_\_\_ Corner Lot: Y/N Inner Lot Y/N
6. No part of the structure shall project beyond required setbacks set forth by the Town of Port Washington Zoning Code.
7. Permit for: \_\_\_\_\_
8. Zoning District \_\_\_\_\_ 9. Class of Construction \_\_\_\_\_ 10. Cost/Value \$ \_\_\_\_\_
11. Town Board Approval required? Y/N 12. Town Plan Commission Approval required? Y/N
13. Building Size: Width \_\_\_\_\_ Length \_\_\_\_\_ Stories High \_\_\_\_\_
14. Building to be Used For: \_\_\_\_\_
15. Is Building, for which application is made, to be located on lands actually in use for agricultural purposes? Y/N
16. Conditions of Approval \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is agreed between the undersigned, as owner or agent, and the Town of Port Washington for and in consideration of the premises and the permit to construct, erect, alter, or install, and the occupancy of the building as above described, to be issued and granted by the Town Building Inspector, that the work thereon will be done in accordance with description as herein set forth in this statement, and as more fully described in the specifications and plans herewith filed; and it is further agreed to construct, erect, alter or install and occupy in strict compliance with the ordinances of the Town of Port Washington and to obey any and all lawful orders of the Town Building Inspector of the Town of Port Washington made or issued pursuant to the provisions of the Town of Port Washington Zoning and Building Codes.

Owner/Agent signature \_\_\_\_\_ Name (printed) \_\_\_\_\_

OFFICE USE:

Amt. Received \$ \_\_\_\_\_ CK# \_\_\_\_\_ Received By: \_\_\_\_\_

DATE: \_\_\_\_\_