

BLDG INSPECTION: PO Box 37 2400 Post Road Plover, WI 54467 715-345-5312	VILLAGE OF PLOVER PERMIT FOR PLUMBING ADD-ONS; REPLACEMENTS OF WATER HEATER, WATER TREATMENT SYSTEMS; OR MAJOR ALTERATIONS	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

PROJECT LOCATION	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 _____ ft.	Rear _____ ft.	Left _____ ft. Right _____ ft.

PROJECT DESCRIPTION

\$25.00 MINIMUM – CALL FOR QUOTE	PROJECT COST:
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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.

APPLICANT'S SIGNATURE	DATE SIGNED
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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	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of: PLOVER	Municipality Number of Dwelling Location _____ 49 – 173
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FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other _____	_____	NAME
Inspection \$ _____			DATE _____ TELEPHONE NO: 345-5312
Wis. Permit Seal \$ _____			Cert. No.
Other \$ _____			
Total \$ _____			