

<b>VILLAGE OF PLOVER</b> 2400 POST ROAD PO BOX 37 PLOVER, WI 54467		<b>PERMIT FOR HEATING OR COOLING EQUIPMENT NEW/REPLACEMENT OR ALTERATIONS</b>				Application No.		
						Parcel No.		
Owner's Name:		Mailing Address:				Tel.		
Contractor's Name: <input checked="" type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.		
						FAX		
Contractor's Name: <input type="checkbox"/> Con <input checked="" type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.		
						FAX		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.		
						FAX		
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input checked="" type="checkbox"/> Plbg		Lic/Cert#		Mailing Address		Tel.		
						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 ft.	Rear ft.	Left ft.	Right ft.
<b>PROJECT DESCRIPTION</b>								
<b>FEE \$5.00/\$1000 OF VALUE \$25.00 MINIMUM</b>						<b>PROJECT COST:</b>		
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, 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>		
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.								
<b>ISSUING JURISDICTION</b>				<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> State of:		Municipality Number of Dwelling Location		
PLOVER								
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>		<b>WIS PERMIT SEAL #</b>		<b>PERMIT ISSUED BY:</b>		
Plan Review \$ _____		<input type="checkbox"/> Construction				NAME _____		
Inspection \$ _____		<input type="checkbox"/> HVAC				DATE _____ TELEPHONE NO: 345-5312		
Wis. Permit Seal \$ _____		<input type="checkbox"/> Electrical				Cert. No.		
Other \$ _____		<input checked="" type="checkbox"/> Plumbing						
Total \$ <b>25.00</b>		<input type="checkbox"/> Erosion						