

<b>BLDG INSPECTORS:</b> Mike Bembenek Lorelei Fuehrer PO Box 37 2400 Post Road Plover, WI 54467 715-345-5312		<b>VILLAGE OF PLOVER 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 type="checkbox"/> Con <input checked="" type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg			Lic/Cert#	Mailing Address		Tel.		
						FAX		
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						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>\$25.00 MINIMUM – CALL FOR QUOTE</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, 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.								
<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		49-173			
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>	<b>WIS PERMIT SEAL #</b>	<b>PERMIT ISSUED BY:</b>				
Plan Review \$ _____	Inspection \$ _____	<input type="checkbox"/> HVAC		NAME _____				
Wis. Permit Seal \$ _____	Other \$ _____	<input type="checkbox"/> Electrical		DATE _____ TELEPHONE NO: 345-5312				
Total \$ _____		<input type="checkbox"/> Other _____		Cert. No. _____				