

<b>VILLAGE OF PLOVER</b> <b>2400 POST ROAD</b> <b>PO BOX 37</b> <b>PLOVER, WI 54467</b>	<b>PERMIT FOR</b> <b>PLUMBING ADD-ONS; REPLACEMENTS</b> <b>OF WATER HEATER, WATER</b> <b>TREATMENT SYSTEMS; OR MAJOR</b> <b>ALTERATIONS</b>	Application No.  Parcel No.
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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.
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			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	Rear	Left	Right
			ft.	ft.	ft.	ft.

<b>PROJECT DESCRIPTION</b>
REPLACE WATER HEATER

<b>FEE \$5.00/\$1000 OF VALUE</b> <b>\$25.00 MINIMUM</b>	<b>PROJECT COST:</b>
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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, 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>
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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.

<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		