Village of New Auburn PO Box 100 New Auburn, WI 54757-0100

Phone: 715-237-2223 Fax: 715-237-2334 www.newauburn-wi.com

APPLICATION FOR BUILDING PERMIT

Village Code 16:02 and Zoning 22.26(2)

TO THE VILLAGE CLERK FOR SUBMISSION TO THE BUILDING INSPECTOR: The undersigned hereby applies for a Permit to do work herein described and located on this application (attach a drawing of your lot, existing buildings, proposed plans and setbacks). The undersigned agrees that all work will be done in accordance with the Zoning Ordinance and all other Ordinances of the Village of New Auburn, and with all Laws of the State of Wisconsin applicable to said premises.

Owner Name	Phone					
	. Helic					
Property Address						
Troperty Address						
Contractor Name (if annihable)	Combination Combification #					
Contractor Name (if applicable)	Contractor Certification #					
Legal Description of Property (if lengthy attach a copy of your legal	description – report from GIS or property tax bill)					
Lot Subdivision, Addition, or Replat	Block					
Description if Unplatted						
New Construction: ☐ New Building ☐ Addition ☐ Altera	ations ☐ Moving ☐ Demolition ☐ Roof					
[New Construction Needs to Complete the UDC Form – If Commercial	al Property, Separate Electrical Application]					
Remodel: ☐ Siding ☐ Door ☐ Window ☐ Roof ☐ Plo	umhing					
Describe media: type of siding, size of windows, sq footage of roof	_					
Estimate of Cost of Work to be Completed						
\$						
Premises to be Occupied as (Indicate Residential, Commercial,	Class of Construction					
Multi-Residential, Industrial, etc.)						
Zoning District	Square Footage					
Zoning District	Square rootage					
6.						
Size Height	No. of Stories					
Size Height Do you require a driveway or street opening? YES / NO	No. of Stories					

Village of New Auburn **PO Box 100** New Auburn, WI 54757-0100

Print Fee Paid

uburn, WI 547	57-0100			www.newaub	ourn-wi.com
Other Permits			Required	Obtained	
	Yes		Yes	No	
Street Opening	Adr	ninistrative for 1 and 2 F	amily Dweilings	·	
Sewer Connection	nn				
Water Main Tap					
State Plans					
Private Wells					
Conditional Use					
Sign					
	ancial Responsibility Applicants)				
Commercial mu	st be drawn to scale a provided by the applica	g for setbacks or cont and plans must be sub ant. Grades are to be ch	mitted along v	with this application.	All grades fo
		ng for a building permit			
		ed by the Dept of Comme	rce pursuant to	Wi. Stat. 101.654 and	that the work
has not been sta	· ·		D-t-		
Applicant or Cor	ntractor Signature		Date		
		OFFICE USE ON	I V		
		Application Approval	Yes / No		
		If No, Reason:	res / NU		
Date Received	Date to Bldg Insp			Bldg Insp. Signature	

☐ Check ☐ Cash

☐ Other

Permit No. Issued

Date Issued

Date Paid

Phone: 715-237-2223

Fax: 715-237-2334