

TOWN OF MOSEL
APPLICATION FOR BUILDING PERMIT
(Other than New Construction of One and Two-Family Dwellings)

PERMIT APPLICANT (person/company completing the application)

Name	Email:
Mailing Address	Telephone ()
City	State Zip

PROPERTY OWNER (if different from above)

Property Owner	Email:
Owner's Mailing Address	Telephone ()
City	State Zip

PROJECT DESCRIPTION

Project Address	Parcel No.: 59014 -
City	State Zip Current Zoning:
Description of proposed work: _____	

Cost of proposed work (including labor): \$ _____

For new buildings and additions that will change the footprint of an existing building, please provide a plan, drawn to scale, of the location of the building in relation to all other buildings and property lines, and the following :

Width: _____ Length: _____ Sq. Feet: _____ Cu. Feet: _____

No. of Rooms: _____ No. of stories: _____ Basement? Y N Height (footing to roof): _____

Has shoreland/floodplain permit been obtained from Sheboygan County Planning? (Please provide copy.) Y N N/A

Has sanitary permit been obtained from Sheboygan County Planning? (Please provide copy.) Y N N/A

PROJECT TEAM

General Contractor _____	Architect _____
Carpenter _____	Mason _____
Plumbing Contractor _____	HVAC _____
Electrical Contractor _____	

I hereby certify that all the information provided herein is true and correct, and understand that the issuance of this permit is for administrative purposes only. I understand that onsite construction inspections will not be performed by the Town of Mosel. **Please be aware that additional county, state or federal building and land use regulations may apply. It is the applicant's responsibility to obtain all necessary permits and be in compliance with all relevant building and land use requirements.**

Applicant's signature: _____ Date Signed: _____

PERMIT ISSUED BY:		DATE ISSUED:		PERMIT NO.	
PERMIT FEES:		LATE FEES:		CASH OR CHECK NO.:	RECEIPT NO.:

PERMIT DENIED BY:	DATE DENIED:
DENIED FOR FOLLOWING REASONS:	