

<b>Town of Grand Rapids</b> 2410 48 <sup>th</sup> St. South WI Rapids, WI 54494 (715)- 424-1821		<b>Building Permit Application</b>	Permit # _____  Parcel # _____
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<b>Project Type:</b>	<input type="checkbox"/> Addition or Remodel to Dwelling or Duplex	<input type="checkbox"/> Residential Acc. Building / Garage	<input type="checkbox"/> Commercial Bldg Use:	<input type="checkbox"/> Other: Use:
<b>Project Address:</b>			Subdivision:	Lot #:
<b>Owners Name:</b>				
<b>Owners Address:</b>			<b>Home Phone #:</b>	
			<b>Cell Phone #:</b>	
<b>Contractors Name:</b>			<b>License #:</b>	
<b>Contractors Address:</b>			<b>Business Phone #:</b>	
			<b>Cell Phone #:</b>	

### Project Description

<b>Current Zoning:</b>				
<b>Lot Area:</b>				
<b>Planned Setbacks:</b>				
<b>Front</b> <b>Rear</b>				
<b>Left</b> <b>Right</b>				
<b>Estimated Cost:</b>				

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that issuance of the permit creates no legal liability, expressed or implied, on the municipality and certify that all the above information is accurate. I expressly grant the building inspector or his agent, permission to enter the premises for which this permit is sought at all reasonable hours, and for any purpose to inspect the work which is being done.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Approval Conditions:</b> This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

**Permit Fee:** \_\_\_\_\_ **Date Pd.** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**Permit Issued By:**

<b>Name:</b>	
<b>Date Issued:</b>	<b>Tel. #</b>
<b>Certification No:</b>	

**TOWN OF GRAND RAPIDS**  
ZONING PERMIT INFORMATION  
Related to One and Two Family Permits



Parcel # \_\_\_\_\_

**APPLICANT** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**OWNER\*** \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

**LOCATION** (Address) \_\_\_\_\_

Legal Description \_\_\_\_\_

Zoning \_\_\_\_\_ Parcel Size \_\_\_\_\_

**CURRENT USE**

**PROPOSED USE**

.....**SITE** Improvements planned \_\_\_\_\_

~~.....~~ Parking \_\_\_\_\_

~~.....~~ Highway access \_\_\_\_\_

.....**EXISTING STRUCTURES** (Include size)

.....**DFCDG98 GHFI 7HI F9G**

# TOWN OF GRAND RAPIDS

## Zoning Permit Information

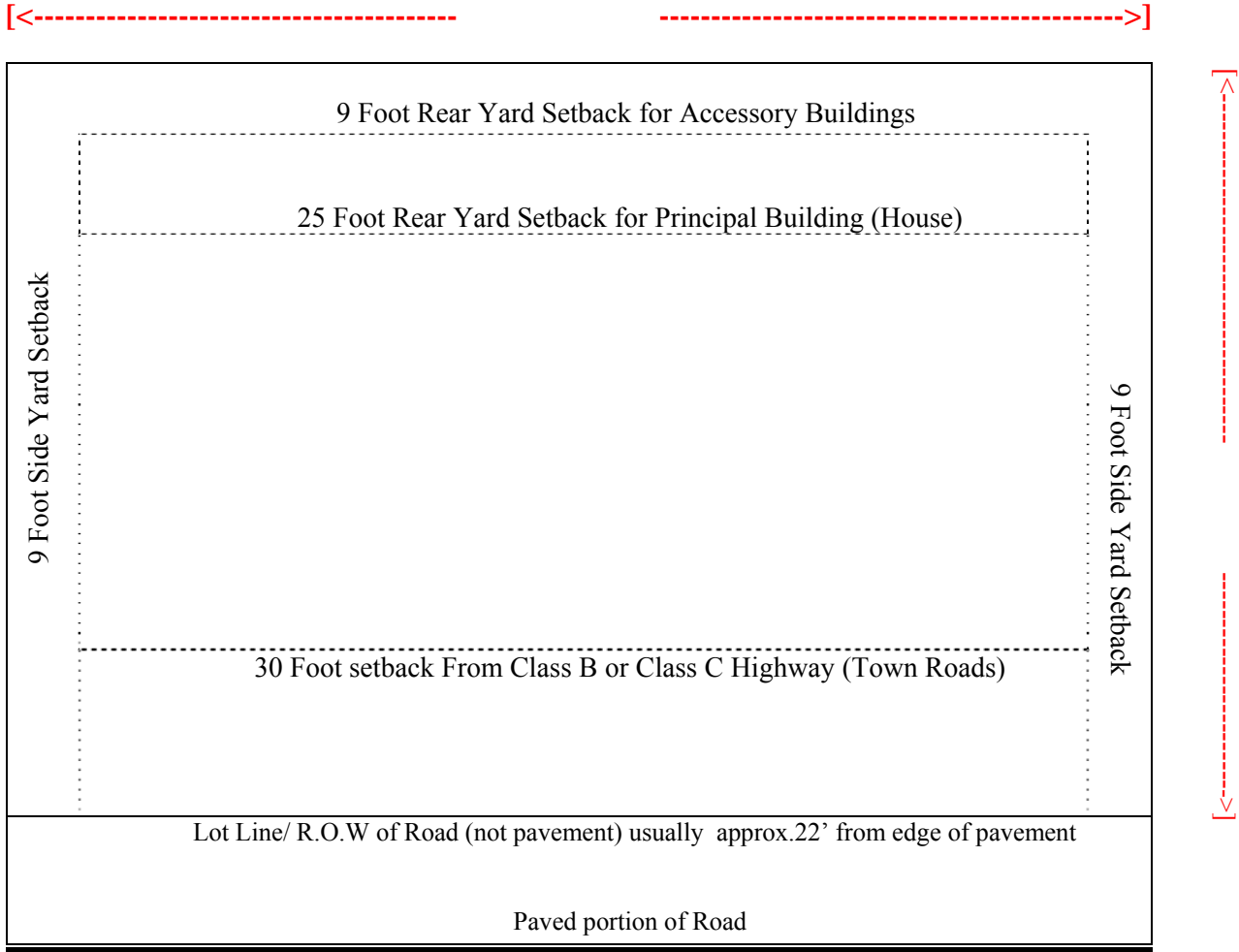
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Completion date \_\_\_\_\_

Septic system/Well/Drainage \_\_\_\_\_

### OTHER INFORMATION

### PLOT PLAN



**Applicant** \_\_\_\_\_ **Owner\*** \_\_\_\_\_  
(Signature) (Signature) \*If Applicant is not the Owner

Date \_\_\_\_\_

Building Inspector/Zoning Administrator  
2410 48<sup>th</sup> Street South • Wisconsin Rapids, WI 54494-7799  
Phone (715) 424-1821 • Cell (715) 213-3264 • Fax (715) 424-0688