

Village of Eland

Administrative Building Permit Application

***An aerial survey (from Shawano County) is required with all project applications

Permit Expires: _____ Permit Number: _____

Permits shall lapse and be void unless building operations are commenced within six (6) months or if construction has not been completed within one (1) year from the date of issuance thereof.

Owner's Name: _____	Contractor: _____
Owner's Address: _____	Contractor's Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone Number: _____	Phone Number: _____

***** Project Location *****	***** Building Setbacks *****
Building Address: _____	Front: _____ Rear: _____
Zoning District: _____	Left: _____ Right: _____

***** Project Type *****			
_____ New	_____ Repair	_____ Remodel	_____ Addition
_____ Single Family	_____ Two Family	_____ Garage	
_____ Raze	_____ Move	_____ Roof	_____ Siding
_____ Windows	_____ Doors	_____ Other: _____	

*****Area Involved *****
Area Sq. Ft.: _____

***** Estimated Building Cost *****
Total Costs: _____

*****Permit Fee *****
TOTAL FEES: _____

***** Approval, Conditions & Comments *****

Permit Issued By:

Name: Denise Larson, Clerk, Village of Eland

Date: _____ Phoi 715-881-0028

I understand that I: am subject to all applicable codes, laws, statutes and ordinances; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality, and certify that all the above information is accurate.

Applicant's Signature: _____ **Clerk's Signature:** _____