

TOWN OF MAPLE GROVE
 c/o Mary Jo Krahn
 6302 Aspen Rd, Reedsville, WI 54230
<https://townofmaplegrovewi.com> - (920) 905-3887 - treasurer@townofmaplegrovewi.com

BUILDING PERMIT APPLICATION

Property Owner: _____ Date: _____

Project Location: _____
 (Site address with zip code and/or parcel number with section number)

Description of Project: _____

Cost of Project: \$ _____ Actual or Estimated
 (Labor and materials)

Project: New Addition Remodeling Electrical Plumbing HVAC Moving Razing

Use: Residence Business Agricultural Barn Garage Shed

Other: _____

Manitowoc County Permit and attach a copy: Setback Sanitary Rezoning Conditional Use

Type of Contractor(s)	License Number or Certificate Number	Address of Contractor(s)	Telephone Number of Contractor(s)
General Contractor			
Heating, Ventilation, and Air Conditioning (HVAC)			
Electrical			
Plumbing			

Please contact Maple Grove Building Inspector, Roger Mayer at (920) 973-5270 for inspection requirements. Must be contacted before Building Permit can be issued

*Inspections Required: Yes or No *Number of Inspections Require: _____

The undersigned applies for a permit to build, construct, raze, move, remodel, or install for the described work on the condition that same be done in accordance with the application plan and specification on file. It is the responsibility of the owner or agent and contractor(s) to comply with all local, county, state, and federal codes regarding building, remodeling, repairs, electrical work, plumbing, demolition, and disposal.

Signature of Owner: _____ Telephone Number: (____) _____ - _____

Signature of Agent: _____ Telephone Number: (____) _____ - _____

Inspection Fee: \$ _____ Permit Fee: \$10.00 Paid: \$ _____ Date issued: _____