

TOWN OF MAPLE GROVE
c/o Mary Jo Krahn, Town Clerk-Treasurer
6302 Aspen Road, Reedsville, WI 54230-9187
<https://maplegrovewi.gov> - (920) 905-3887 - clerktreasurer@maplegrovewi.gov

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, Scott Beining at (920) 680-3376 for inspection requirements. Must contact before Building Permit can be issued. Inspection fee: \$100.00 each

***Inspections Required:** Yes or No ***Number of Inspections Required:** ____

The undersigned applies for a permit to build, construct, raze, move, remodel, or install for the described work (see above) 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 Property Owner: _____ Telephone Number: (____) ____ - _____

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

***Inspection:** \$ _____ **Permit Fee:** \$10.00 **Paid:** \$ _____ **Date Issued:** _____