



Village of Sauk City Permit Application

Application No.

Parcel Number

PERMIT REQUESTED	Constr	Electric	Plumb	HVAC	Other
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Owner's Name	Mailing Address			Tel.
Contractor Name & Type	Lic/Cert#	Exp Date	Mailing Address	Telephone & Email
Dwelling Contractor (Constr.)				
Dwelling Contr. Qualifier				
HVAC				
Electrical Contractor				
Electrical Master Electrician				
Plumbing				

Project Location:

Project: _____ **Est. Cost:** _____

Area Involved: _____ **Set Backs:** Front Rear Right Side Left Side

OFFICE USE ONLY:	Cement Patio	Deck	Driveway
Electrical	Electrical Upgrade	Fence	Garage
Kitchen/Bath Cabinets	Minor Alteration	Plumbing	Major Alteration
Addition	Roofing	Shed/Outbuilding	Siding
Signs	Swimming Pool w/Fence	Window & Door Replacement	Window Egress

Applicant (Print) _____ Sign: _____ Date: _____

Issuing Jurisdiction	Village of Sauk City	Municipality Number 56-181
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APPROVAL CONDITIONS:

FEES:		Permit Issued By:
		Name:
		Date: _____ Phone: _____
		Cert. No.