TOWN BUILDING PERMIT APPLICATION

Permit Fee: $ _____	Fee Paid: ☐
Approval Date: / /	

TOWN OF PERRY
9730 COUNTY RD A
MOUNT HOREB, WI 53572
PHONE: 608-444-6425
clerk@tn.perry.wi.gov

Items that must be submitted with your application:

- **Scaled Drawing of the Location of the Proposed Driveway.**
  The drawing must show the property's existing and proposed zoning boundaries, all existing buildings, and the area in acres or square feet.

OWNER	**PROJECT REPRESENTATIVE (Contractor, Coordinator, Other)**
NAME	CONTACT NAME
CO-OWNER'S NAME (if applicable)	CO-OWNER'S NAME (if applicable)
MAILING ADDRESS	MAILING ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
DAYTIME PHONE #	DAYTIME PHONE #
EMAIL	EMAIL

LAND INFORMATION		
PARCEL NUMBER:		ZONING:
SOIL CLASSIFICATION:		_____¼, _____ ¼, SECTION _____
PROPERTY ADDRESS:		
CSM:	LOT:	ACREAGE:

PROPOSED PROJECT INFORMATION				
PROJECT SCOPE (Check all that apply)	☐ NEW STRUCTURE	☐ ADDITION		
STRUCTURE TYPE (Check all that apply)	☐ DWELLING	☐ ATTACHED GARAGE	☐ DECK/PORCH	☐ ACCESSORY BUILDING
	☐ INGROUND POOL	☐ DETACHED GARAGE	☐ OTHER _____	

EXPLANATION OF THE PROPOSAL - Describe how you would like to change the use of your land

I certify that the information provided above is accurate. In performing this work, I agree to comply with all applicable Wisconsin statutes, Town ordinances, and all other applicable rules and regulations.	
PRINT NAME OF APPLICANT (must be owner or project representative listed above)	
SIGNATURE OF APPLICANT (must be owner or project representative listed above)	**DATE**