

TOWN OF SPRING BROOK
Application: Building Permit

Permit # _____
Expires 24 Months After Issuance

Applicant: Owner - or - Builder

Applicant's Phone Number:

Applicant's Address

 , WI

- Building Inspector: Weber Inspections
Fred Weber 715-556-0066
Residential project requirement
- Dunn County Shoreland Zoning
715-231-6521
- Town of Spring Brook Set-back
75' from Center of Town Road

New Home Constr; _____ Family Units
_____ Site; _____ Manufactured

Driveway Permit Issued? _____

Sanitary Permit # _____

Project Value: \$ _____

\$50 Permit Cost - Payable to
"Town of Spring Brook"

Home Remodel _____

Non Residential _____

Other: _____

Project Value: \$ _____

\$25 Permit Cost - Payable to
"Town of Spring Brook"

Project Site Address:

 , WI

PIN: 17034-2-_____-__-_____-__-_____

Acreage: _____

Subdivision: _____

Lot #: _____ Block #: _____

Sec ____; Town ____ N; R ____ E or W

____; ____ 1/4; ____ 1/4:

(Applicant's Signature)

(Date)

(Clerk's Signature)

(Date)

Payment Form: Check # _____; Money Order # _____; Cash _____

Additional notes: _____