

**Please supply a sketch showing DWELLING LOCATION details:**

- ☐ The size of the lot or parcel and all property boundary lines.
- ☐ The location of public roadways, intersections and other access routes to the property
- ☐ The location of the existing driveway or proposed driveway.
- ☐ The location of any existing or proposed structures.
- ☐ The location of any existing or proposed sanitary system and water supply.
- ☐ The location of the proposed dwelling.
- ☐ Indicate all set back distances in feet (indicate from center line of road or edge of right of way)

**Please indicate NORTH on your sketch**

**Town of Sioux Creek**  
Barron County, Wisconsin  
**Ancillary Building Permit Application**

**Instructions:**

This form must be completed and returned to the Town Clerk along with two copies of plans showing setbacks and building details and a Check made out to the Town of Sioux Creek for \$25.00. Please refer questions to the Town Clerk at 715-837-1007 or the Town's Building Inspector at 715-764-2948.

<b>PERMIT APPLICANT</b>					
Last Name		First Name		Middle Initial	
Address					
City		State Zip		Phone	
<b>BUILDING LOCATION</b>					
Building Address					
Legal Description		CSM _____ Attach copy of CSM if available		Parcel No _____	
_____ 1/4,		_____ 1/4, Section _____ T _____ N		R _____ Parcel Size _____	
<b>CONSTRUCTION DETAILS</b>					
<b>Project</b>		<b>Occupancy</b>		<b>Area</b>	
<input type="checkbox"/> New (UDC)		<input type="checkbox"/> Single Family		Basement _____ sq ft	
<input type="checkbox"/> Addition		<input type="checkbox"/> Two Family		Living Area _____ sq ft	
<input type="checkbox"/> Move		<input type="checkbox"/> Multi-Family		Garage _____ sq ft	
<input type="checkbox"/> Manufactured Home (HUD)				Deck _____ sq ft	
<input type="checkbox"/> Manufactured Dwelling (UDC)					
<input type="checkbox"/> Mobile Home					
				<b>Stories</b>	
				<input type="checkbox"/> 1 Story	
				<input type="checkbox"/> 2 Story	
				<input type="checkbox"/> Other _____	
				<input type="checkbox"/> Plus Basement	
				<b>Foundation</b>	
				<input type="checkbox"/> Slab	
				<input type="checkbox"/> Crawlspace	
				<input type="checkbox"/> Basement	
				<input type="checkbox"/> Wood	
				<input type="checkbox"/> Concrete	
				<input type="checkbox"/> Block	
				<b>Use</b>	
				<input type="checkbox"/> Seasonal	
				<input type="checkbox"/> Year-round	
				<input type="checkbox"/> Rental	
				<input type="checkbox"/> Other _____	
<b>Electrical</b>		<b>HVAC</b>		<b>Sewer</b>	
Amps _____		<input type="checkbox"/> Forced Air		Permit # _____	
<input type="checkbox"/> Underground		<input type="checkbox"/> Electric Radiant			
<input type="checkbox"/> Overhead		<input type="checkbox"/> Boiler Radiant _____			
<input type="checkbox"/> Solar		<input type="checkbox"/> Electric Baseboard			
<input type="checkbox"/> Wind		<input type="checkbox"/> Central Air-conditioning			
<input type="checkbox"/> Other _____		<input type="checkbox"/> Solid Fuel (Wood, etc)			
		<input type="checkbox"/> Other _____			
				<b>Water</b>	
				<input type="checkbox"/> Drilled Well	
				<input type="checkbox"/> Driven Well	
				<b>Energy Source</b>	
				<b>Space Heating</b>	
				<input type="checkbox"/> Electric	
				<input type="checkbox"/> LP	
				<input type="checkbox"/> Natural Gas	
				<input type="checkbox"/> Oil	
				<input type="checkbox"/> Other _____	
				<b>Water</b>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_