

Building Permit Application

Applicant:

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Property Owner:

Owner Name: _____ Phone Number: _____

Property Address: _____

Parcel Number: _____

Description of work being done:

Approx. Total Project Cost: \$ _____

Project Completion Date: ____ / ____ / ____

Signature of Applicant

Date

Approved by Director of Public Works

Signature

Date

Permit expires 6 months from issuance.

The issuance of this permit by the Director of Public Works does not in any way indicate that any requirements imposed by the State of Wisconsin, or any other governmental agency, have been complied with by the above applicant. The sole purpose of this permit is to assure compliance with the City of Greenwood Building and Zoning regulations. The City will not be responsible to ensure compliance with any other governmental rule or regulation regarding the proposed activity of the applicant regarding the said property. The applicant is hereby notified that the proposed activity may require other permits and inspections not covered by this permit.

The application fee is \$25 please make checks payable to City of Greenwood.

Thank you!