

Nick Thill, Anchor Inspections  
262-277-1328 / [anchorinspectllc@gmail.com](mailto:anchorinspectllc@gmail.com)  
Town of Port Washington  
3715 Highland Dr., Port Washington, WI 53074  
townofportwashingtonwi.gov

Permit #: \_\_\_\_\_

Date: \_\_\_\_\_

## TOWN BUILDING PERMIT FORM - Residential

The undersigned hereby applies for a permit to build, remodel and occupy, or to install according to the following statement:

1. Owner: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Address: \_\_\_\_\_ Email: \_\_\_\_\_
3. Lot: \_\_\_\_\_ Block \_\_\_\_\_ Subdivision CSM: \_\_\_\_\_
4. Tax Key: (Required) \_\_\_\_\_
5. Size of Lot: \_\_\_\_\_ Width of Street: \_\_\_\_\_ Corner Lot: Y / N \_\_\_\_\_ Inner Lot: Y / N \_\_\_\_\_
6. No part of the structure shall project beyond required setbacks set forth by the Tow of Port Washington Zoning Code.
7. Permit for: \_\_\_\_\_
8. Zoning District: \_\_\_\_\_ 9. Class of Construction: \_\_\_\_\_ 10. Cost/Value: \_\_\_\_\_
11. Town Board Approval required? Y / N \_\_\_\_\_ 12. Town Plan Commission Approval required? Y / N \_\_\_\_\_
13. Building size: Width \_\_\_\_\_ Length \_\_\_\_\_ Stories High \_\_\_\_\_
14. Building to be used for: \_\_\_\_\_
15. Is building, for which application is made, to be located on lands actually in use for agricultural purposes? Y/N \_\_\_\_\_
16. Conditions of Approval:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is agreed between the undersigned, as owner or agent, and the Tow of Port Washington for and in consideration of the premises and the permit to construct, erect, alter or install, and the occupancy of the building as above described, to be issued and granted by the Town Building Inspector, that the work thereon will be done in accordance with the description as herein set forth in this statement, and as more fully described in the specifications and plans herewith filed; and it is further agreed to obey any and all lawful orders of the Town building Inspector of the Town of Port Washington mode or issued pursuant to the provisions of the Town of Port Washington Zoning and Building Codes.

Owner/Agent signature: \_\_\_\_\_ Name (Printed) \_\_\_\_\_

Office Use:

Amt Received \$ \_\_\_\_\_ CK # \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_