

DESCRIPTION Sec. \_\_\_\_\_ RANGE \_\_\_\_\_

BUILDING PERMIT # \_\_\_\_\_

PARCEL # \_\_\_\_\_

SANITARY /PRIVY# \_\_\_\_\_

**TOWN OF AMBERG  
MARINETTE COUNTY, WI**

**BUILDING PERMIT APPLICATION**

Name \_\_\_\_\_ e-mail address: \_\_\_\_\_ Date \_\_\_\_\_

The undersigned hereby applies for a permit to do work herein described and located as shown on this application. The undersigned agrees that all work will be done in accordance with the zoning ordinances and any other ordinances of the Town of Amberg and with all laws of the State of Wisconsin applicable to said premises.

Signed \_\_\_\_\_ Owner

Signed \_\_\_\_\_ Agent

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Property Address \_\_\_\_\_

Property Description \_\_\_\_\_

**The applicant gives the Town of Amberg's designee, my permission to enter my property to view the exterior only for compliance with this permit during normal day time business hours of the town.**

Construction Type:  New Building  Addition  Repair  Moving /Wrecking  Alterations

Description of Work: \_\_\_\_\_

Size \_\_\_\_\_ Class of Construction \_\_\_\_\_

Estimated Project Cost \_\_\_\_\_

Fees: Permit \_\_\_\_\_

Date Application Approved: \_\_\_\_\_

Fire Number: \_\_\_\_\_

Signed: \_\_\_\_\_

Total Paid: \_\_\_\_\_

(Authorized Signature)



**Contact:** Lisle Suzawith, Treasurer:  
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