

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: Shawn Sagan Sr, Chairman:
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