

**County of Sauk
Town of Woodland
Application for Building Permit**

For use by Principal Authority	
Application number:	Application Fee Received by _____
Date received:	Amount \$50.00 Non-Refundable

A. Project Location

_____ 1/4 _____ 1/4 Section _____ T _____ R _____

Project estimated value \$ _____

B. Applicant Owner or Authorized agent of owner

Applicant is:

Last name	First name		
Street address		Unit number	Lot/con.
Postal code		E-mail	
Telephone number ()	Fax ()	Cell number ()	

C. Owner (if different from applicant)

Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax ()	Cell number ()	

D. Builder (optional)

Last name	First name	Corporation or partnership (if applicable)	
Street address			
Municipality	Postal code	Lic/Cert #	E-mail
Telephone number ()	Fax ()	Cell number ()	

E. Purpose of application

<input type="checkbox"/> New construction	<input type="checkbox"/> Addition to an existing building	<input type="checkbox"/> Alteration/repair	<input type="checkbox"/> Demolition	<input type="checkbox"/> Conditional Permit
Proposed use of building		Current use of building		
Description of proposed work				

F. Town of Woodland Siting Ordinance

- i. I have read the Town of Woodland Siting Ordinance attached to this application Yes No
- ii. I understand that this application must be submitted 30 days prior to the regular monthly Plan Commission meeting. (2nd Monday of every month at 6:30 P.M) Yes No
- iii. See attached fee schedule

G. Attachments

- i. Attach ALL required State and County permits (if applicable).
- ii. Attach types and quantities of plans and specifications for the proposed construction or demolition that are prescribed by the Town of Woodland Siting Ordinance (copy attached)

H. Declaration of applicant

I _____ certify that:
(print name)

- 1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge.

Date

Signature of applicant