



TOWN OF LAND O' LAKES BUILDING PERMIT APPLICATION

DATE OF APPLICATION _____

PERMIT # _____

PLEASE READ AND INITIAL _____ Under penalty of laws, no construction to begin until permit has been approved and permit card is posted at the entrance of the property. Upon approval the owner agrees that all structures and all work performed on this property will conform to or exceed the minimum requirements as prescribed in the Town of Land O' Lakes Zoning Ordinance and all other applicable Vilas County Zoning Ordinances, and laws of the State of Wisconsin. Upon approval of this application the owner agrees that should a violation be found by the Zoning Administrator, said violation from the date of notification will, within 30 day or less, be corrected at the owner's expense, otherwise each day thereafter shall constitute a separate offence. ****NOTICE**** OTHER VILAS COUNTY AND/OR STATE PERMITS MAY BE REQUIRED. PLEASE PROVIDE BLUEPRINTS WITH APPLICATION IF AVAILABLE.

LOCATION OF PROPERTY: _____ **PARCEL #** _____

OWNER: _____

CONTRACTOR: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

OWNER OR CONTRACTORS SIGNATURE: _____

GOVT.LOT#: ___ **OR** ___ 1/4 ___ 1/4 **SECTION** ___ **TOWN** ___ **RANGE** ___ **E. ZONE DIST.** ___ **SUB. DIV.** ___

LOT SIZE: ___ x ___ **SQ.FT.** ___ **NEW BUILDING(s) SIZE(s)** #1 ___ X ___ #2 ___ X ___ #3 ___ X ___

CONSTRUCTION TO BE: New Addition Moving Alterations Frame Brick Block
Pre-Fab Mobile Home Other (Describe) _____

PROPOSED USE: _____ **BEDROOMS#** ___ **STORIES #** ___ **TOTAL HEIGHT** ___
(Office, Bath, Bedroom Storage, etc.)

SEASONAL USE **PERMANENT RESIDENCY** **SANITATION** **Permit#** _____ **WATER WELL**

BUILDER _____ **ADDRESS** _____ **PHONE:** _____

ELECTRICIAN _____ **ADDRESS** _____ **PHONE:** _____

WELL INSTALLER _____ **ADDRESS** _____ **PHONE:** _____

PLUMBER _____ **ADDRESS** _____ **PHONE:** _____

SEPTIC TANK INSTALLER _____ **ADDRESS** _____ **PHONE:** _____

SOIL TESTED BY _____ **ADDRESS** _____ **PHONE:** _____

ESTIMATED COST OF:
STRUCTURE \$ _____

PERMIT FEE:
\$ _____

Payment: _____

WELL \$ _____

Date Received: _____

SEPTIC \$ _____

OTHER \$ _____

\$ _____

TOTAL \$ _____

\$ _____

Checks payable to the Town of Land O' Lakes

APPLICATION APPROVED **DENIED** **DATE:** _____ **EXPIRES:** _____

ZONING ADMINISTRATOR SIGNATURE _____