

TOWN OF RUSK, RUSK COUNTY, WISCONSIN

BUILDING PERMIT APPLICATION

LAND OWNER			
Last Name	First Name	Telephone No. (Include area code)	
Street Address	City	State	Zip
Contractor		Telephone No. (Include area code)	
PROJECT LOCATION:			
_____ 1/4 _____ 1/4 of Section, _____ T _____ N, R_____ (E or W)_____ Existing Driveway Y/N Since Date _____			
Building address: _____		Parcel ID# 030 - _____	
Or Subdivision Name: _____		Lot # _____ Block _____	

PROJECT TYPE	
_____ House _____ Cabin _____ Mobile Home _____ Manufactured _____ Addition/Remodeling/Altering _____ Garage _____ Pole Shed _____ Porch _____ Deck _____ Other (EXPLAIN) _____	

COUNTY ZONING PERMITS	
Zoning Land Use Permit Number:	Sanitary Permit Number (if applicable):
COST OF PROJECT \$ _____	
Applicant declares the above information is correct, and understands that the issuance of this permit is for administrative purposes only. I understand that onsite construction inspections on a Dwelling will be performed by the Town of Rusk Building Inspector and that all State of Wisconsin Uniform Dwelling Codes will apply to this project.	
SIGNATURE OF APPLICANT:	DATE:
APPLICATION FEE: \$ _____ PAYABLE TO: TOWN of RUSK REMIT FEE TO: Town Clerk	

SUBMIT APPLICATION TO: Town Clerk Town of Rusk, PO Box 61, Chetek, WI 54728

DO NOT BEGIN WORK ON A DWELLING UNTIL THE TOWN OF RUSK BUILDING INSPECTOR APPROVES THIS PROJECT!

Contact Daryl Dostal at (715) 205-7741 or email: ddostal9999@charter.net

OFFICE USE ONLY: Fee Paid _____	Date Paid _____
Permit issued by: _____	Date issued _____

Town Clerk, Town of Rusk, Rusk County, WI

(Expires 2 years from this date)