THE OFFICE OF THE TOWN BOARD
TOWN OF MANITOWOC
MANITOWOC COUNTY WISCONSIN

Permit is valid for one year. No. _____

BUILDING PERMIT APPLICATION
TOWN OF MANITOWOC

Please answer all questions and fill in all appropriate spaces.
If all information is not provided a permit CAN NOT be issued.

It is the responsibility of the owner and / or contractor to comply with all Local, State and National Codes regarding building, remodeling, repairs, electrical work, plumbing, demolition and disposal. Also required are necessary setback permits available from Manitowoc County Planning and Park Commission *(920)683-4187.* Appropriate zoning requirements must be met as well.

Print Clearly with ball point pen.

1. Address_____ **2.** Property Owner_____

3. Owners Phone # (_____) -_____-_____ **4.** Contractor name (if any)_____

5. Check item (or items) which best describe the work to be done.

☐ Repairs ☐ Installation ☐ Remodeling
☐ Addition ☐ New Construction ☐ Other_____

6. Will this property be used for **any type** of commercial or business purpose? ☐ YES ☐ NO

7. Will this property be used to store, shelter or maintain vehicles or equipment owned by a business? ☐ YES ☐ NO

8. Will this property be used to do repairs on, to store, or to sell, the vehicles, property or equipment belonging to other people or businesses? ☐ YES ☐ NO

If you have answered yes to question number 6, 7 or 8 consideration will have to be given to the fact that **proper zoning requirements must be met, and will be enforced.** If this property will be used for any of the purposes addressed in questions 6, 7 or 8, proper documentation as to the zoning of your property will be required prior to the issuance of a building permit.

9. Check item (or items) which best describe the use of the structure to be built, repaired or remodeled.

☐ Residence ☐ Garage ☐ Barn ☐ Shed ☐ Business (office or any other business use)
☐ Other_____

10. Size, if new structure or addition (*if irregular shape give total square footage*). _____x_____ or _____ sq ft

11. Estimated cost of Job _____ **12.** Date work to start _____

13. Estimated date of completion, when work would be available for inspection. _____

I the undersigned as owner or his agent intend that the work thereon will be done in accordance with the description set forth in this statement and in accordance with the Manitowoc County Zoning Ordinance enforced by the Manitowoc County Planning and Park Commission. A separate and additional permit may be required by them. I also agree to clearly display building and zoning permits at the work site.

_____ _____
Signature of Applicant Date Signature of Town Clerk Date

White - Town's Copy Yellow - Applicant's Copy Pink - Assessor's Copy