TOWN OF EAU GALLE Permit # ___ **Application: Building Permit** Expires 24 Months After Issuance Applicant: Owner - or - Builder **Building Inspector: Weber Inspections** Applicant's Phone Number: Fred Weber 715-556-0066 Residential project requirement **Dunn County Shoreland Zoning** Applicant's Address 715-231-6520 (updated #) , WI Town of Eau Galle Set-back 75' from Center of Town Road New Home Constr; ____ Family Units Home Remodel _____ _____ Site; ____ Manufactured Non Residential _____ Driveway Permit Issued? ____ Dimensions: Sanitary Permit #_____ Other: _____ Project Value: \$_____ Project Value: \$_____ \$50 Permit Cost - Payable to \$50 Permit Cost - Payable to "Town of Eau Galle" "Town of Eau Galle" N2265 Cty Rd C - Elmwood, WI 54740 Project Site Address: PIN: 17034-2- -- --____, WI Acreage: _____ Subdivision: ____ Sec ____; Town ____N; R ____ E or W _____; _____ 1/4; _____ 1/4: Lot #: Block #: (Applicant's Signature) (Date) (Clerk's Signature) (Date) Payment Form: Check # ; Money Order # ; Cash

FormBldgPermit2023.xlsx

Additional notes: _____