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 Applicant's Address **Dunn County Shoreland Zoning** 715-231-6520 (updated #) . WI Town of Eau Galle Set-back 75' from Center of Town Road Home Remodel New Home Constr; Family Units Site; Manufactured Driveway Permit Issued? _____ Non Residential Dimensions: Sanitary Permit #_____ Other: ____ Project Value: \$ Project Value: \$ \$100 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 Lot #: Block #: ____; ____ 1/4; ____ 1/4: (Applicant's Signature) (Date) (Clerk's Signature) (Date) Money Order #_____; Cash _____ Payment Form: Check # ;

Additional notes:

FormBldaPermit2023.xlsx