

VILLAGE OF MOUNT HOREB

PERMIT NO.

PARCEL NO. _____

SIGN PERMIT

PERMITS REQUESTED CONS HVAC ELECT PLUMB EROSION

Owner	Cert #	Address	Telephone
Building Contractor	Cert #	Address	Telephone
Electrical Contractor	Cert #	Address	Telephone
HVAC Contractor	Cert #	Address	Telephone
Plumbing Contractor		Address	Telephone

PROJECT LOCATION

Project Address	Zoning	Lot Area	Estimated Cost
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Lot	Block	Subdivision	Req'd Setbacks:	Front	Rear	Left	Right
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PROJECT DESCRIPTION

<input type="checkbox"/> NEW CONST <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> OTHER	
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THIS PERMIT IS ISSUED PURSUANT TO THE FOLLOWING CONDITIONS. FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR REVOCATION. ALL CONSTRUCTION SHALL COMPLY W/ THE REQ'MNTS OF WISCONSIN STATE CODE AND MT HOREB MUNICIPAL CODE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO KNOW THE CODES AND TO ENSURE COMPLIANCE WITH THE AFOREMENTIONED CODES. ISSUANCE OF THIS PERMIT CREATES NO LEGAL LIABILITY, EXPRESS OR IMPLIED, ON THE DEPARTMENT OR MUNICIPALITY.

CONDITIONS OF APPROVALPLANS SUBMITTED YES NOADD'NL PLANS REQ'D YES NO

BUILDING PLANS CONSISTING OF A SITE PLAN AND SIGN DIAGRAM SHOWING THE SIZE AND CHARACTERISTICS OF THE PROPOSED SIGN MUST BE SUBMITTED
 APPLICANT SHALL NOTIFY DIGGER'S HOTLINE (1-800-242-8511) PRIOR TO EXCAVATING, OR BORING

FEES:

BLDG PERMIT:
 EROSION:
 STATE SEAL:
 UTILITIES:
 TOTAL: _____

RECEIPT:
 CHK # _____

Village of Mt. Horeb
 Building Inspection Department
 138 East Main Street
 Mt. Horeb Wisconsin 53572
 608-437-6884
 cell 608-697-7771
 Office Hours:
 Tues. 8:00 am- 12:00pm
 Thurs. 12:00pm-3:00pm

PERMIT ISSUED BY:

Kelly Green
 Name Certification No.

 Date Seal No.