

**TOWN OF MOSEL
APPLICATION FOR ADMINISTRATIVE BUILDING PERMIT**

PERMIT APPLICANT (person/company completing the application)			
Name _____		Email: _____	
Mailing Address _____		Telephone (_____) _____	
City _____	State _____	Zip _____	
PROPERTY OWNER (if different from above)			
Property Owner _____		Email: _____	
Owner's Mailing Address _____		Telephone (_____) _____	
City _____	State _____	Zip _____	
PROJECT DESCRIPTION			
Project Address _____		Parcel No.: 59014 - _____	
City _____	State _____	Zip _____	Current Zoning: _____
Description of proposed work: _____			
Cost of proposed work (including labor)*: \$ _____			
*Actual costs incurred when work is performed by a hired contractor or the actual costs of materials plus 50% of that cost when work is performed with minimal or no compensation for the labor.			
For new buildings and additions that will change the footprint of an existing building, please provide a plan, drawn to scale, of the location of the building in relation to all other buildings and property lines, and the following:			
Width: _____	Length: _____	Sq. Feet: _____	Cu. Feet: _____
No. of Rooms: _____	No. of stories: _____	Basement? Y N	Height (footing to roof): _____
Is a shoreland/floodplain permit required from Sheboygan County Planning?		Y	N N/A
Is a Building Permit with inspection required?		Y	N N/A
Number of inspections required: _____		X	\$50.00 = \$ _____ MOS - _____ - _____
PROJECT TEAM			
General Contractor _____	Architect _____		
Carpenter _____	Mason _____		
Plumbing Contractor _____	HVAC _____		
Electrical Contractor _____			
I hereby certify that all the information provided herein is true and correct, and understand that the issuance of this permit is for administrative purposes only. I understand that onsite construction inspections will not be performed by the Town of Mosel. Please be aware that additional county, state or federal building and land use regulations may apply. It is the applicant's responsibility to obtain all necessary permits and be in compliance with all relevant building and land use requirements.			
Applicant's signature: _____		Date Signed: _____	

PERMIT ISSUED BY: _____	DATE ISSUED: _____	PERMIT NO.: _____
PERMIT FEES: _____	LATE FEES: _____	CASH OR CHECK #: _____
PERMIT DENIED BY: _____	DATE DENIED: _____	
DENIED FOR FOLLOWING REASONS: _____		

Deliver or mail to: Town of Mosel, W982 County Road FF, Sheboygan, WI 53083