

Village of Gilman

Phone (715) 447-8650 / Fax: (715)-447-8134
380 E. Main Street * P.O. Box 157 * Gilman, Wisconsin 54433

BUILDING PERMIT APPLICATION

Permit Applications are void after 60 days

Owners Name: _____
Address: _____
Phone Number: _____
Contractor: _____
Parcel #: _____

TYPE OF IMPROVEMENT

_____ New Building _____ Addition _____ Repair/Replacement
_____ Remodeling _____ Demolition _____ Building Use: _____
(Commercial project)

DESCRIPTION OF PROJECT

PROJECT COST

TOTAL PROJECT COST: \$ _____

APPLICANT SIGNATURE

VILLAGE OFFICE USE ONLY

Permit Type:

- _____ *Commercial Project*
(Applicant required to contact State Commercial Building Inspector)
- _____ *Residential Project*
- _____ *Residential Project (New dwelling or project increases footprint of dwelling and over \$50,000)*
(Applicant required to contact State UDC Inspector)
- _____ *Zoning Permit required*

PERMIT NUMBER: _____ PERMIT FEE: _____
DATE OF APPLICATION _____ PERMIT FEE PAID: _____