

TOWN OF LAKE HOLCOMBE
BUILDING PERMIT # _____

Permit Date: _____ Expiration Date: _____

Property Owner/Applicant applying for this permit: _____

Mailing address: _____

Phone Number: _____

Address of building site: _____

Description of work to be done:

Approximate cost: _____

The owner of the building and applicant agree to conform to all applicable laws of Lake Holcombe Ordinances, Chippewa County and the State of Wisconsin. Any alteration to this Permit is punishable by law.

Signature of Property Owner/Applicant:

_____ Date: _____

Given under my hand and the corporate seal of the Town of Lake Holcombe, Chippewa County, and State of Wisconsin this _____ day of _____, _____.

Cost of permit: \$50

Tracey Larson, Clerk
PO Box 280
Holcombe, WI 54745

THIS IS A TOWN BUILDING PERMIT ONLY. ADDITIONAL PERMITS FOR CHIPPEWA COUNTY MIGHT BE NEEDED. PLEASE CONTACT CHIPPEWA COUNTY PLANNING AND ZONING DEPARTMENT AT 715-726-7940.