

Call 608-868-6914 for Inspection



STREET PRIVILEGE PERMIT

APPLICATION AND RECORD

Effective June 4, 2019

Receipt # _____
Check # _____
Issued Date _____

Location: _____ Subdivision _____
(Lot # / House #) (Street)

Occupancy: _____ Private _____ Public _____
(Residential/Commercial, etc)

Owner: _____
(Name) (Address) (Phone) (email)

Contractor: _____
(Name) (Address)

(email) (Contractor Credential #)

The undersigned hereby agrees that all work shall be done in accordance with this application, all ordinances of the City of Milton and all laws and orders of the State of Wisconsin. If applicable, plot, building plans, erosion plans, off street parking plans and specifications of the above described work must accompany this application.

Applicant: _____
(Signature) (Address) (Phone) (email)

Purpose:

Insurance: Proof of Insurance filed with City Clerk on _____, 20____

Kind of Insurance _____

Insurance Company _____

Expiration Date _____

Signed: _____ Owner

_____ Agent

_____ Contractor

Permit Fee: \$55.00

Director Public Works Date

Police Dept Date