

TOWN OF COTTAGE GROVE BUILDING PERMIT APPLICATION 4058 County Road N Cottage Grove, WI 53527 Office: (608) 839-5021					CHECK # : _____ RECEIPT # : _____ AMT PAID : _____	
Building Inspector: (608) 837-3371						
Building	HVAC	Electric	Plumbing	Erosion	Other	
Owner's Name:		Date (mm/dd/yyyy):		TOTAL COST:		
				OFFICE USE		
				ALL PERMITS - ADD \$10.00 ADMIN FEE		
Mailing Address :				Phone #: (include area code)		
Contractor's Name:				License/Dwelling Contr. Qualifier/Contractor Registration #		
Mailing Address :				Phone #: (include area code)		
PROJECT LOCATION				Estimated Cost:		
Address:				Project Description:		
Parcel No: 018/0711						
ELECTRICAL				COST:		
				Office use		
Contractor's Name:				License # / Contractor Registration #		
Mailing Address :				Phone #: (include area code)		
PLUMBING				COST:		
				Office Use		
Contractor's Name:				License # / Contractor Registration #		
Mailing Address :				Phone #: (include area code)		
HEATING, VENTILATING & AIR CONDITIONING				COST:		
				Office Use		
Contractor's Name:				License # / Contractor Registration #		
Mailing Address :				Phone #: (include area code)		

Make checks payable to **TOWN OF COTTAGE GROVE**, sign the 'Cautionary Statement to Owners' and mail to **Viken Inspection Agency, 5116 Pierceville Road, Cottage Grove, WI 53527**.

PLEASE verify that you are submitting your application to the correct township!!

