SIDING / ROOF / WINDOWS PERMIT APPLICATION

Village of Plainfield | 114 S. Main St., Plainfield, WI 54966 | 715-335-6501

Permit Applicant		
Last Name:	First Nar	ne:
Street Address:		
		Zip Code:
Telephone:		
Project Location		
Street Address:		
City:	State:	Zip Code:
Subdivision Name:	Lot #:	Block #:
Parcel #:		
Estimate Cost: Purpose: □ Replacement, □ Type of Roof: □ Shingle, □ Replacement: □ Tear Off, □ Details:	🛛 New, 🗆 Repair, 🗆 Other (Sp	: ecify): yers:
] New, 🗆 Repair, 🗆 Other (Sp	: ecify): ther (Specify):
	<u>Windows</u>	
Estimate Cost: Details:		<u> </u>
administrative purposes only. I municipality, but that the Unifo	understand that onsite constructi m Dwelling Code, Chapters Com d with. I understand that the issue	that the issuance of this permit is for on inspections will not be performed by the m 20-25, still applies to all new 1- and 2- family ance of this permit does not relieve me of
Applicant's Signature:		Date:
	Office Use Below	
Issuing Jurisdiction: Village	of Plainfield, Waushara County	
Municipality Number		
	Total Fees:	
Permit Issued By:	Date:	