

**BUILDING INFORMATIONAL PERMIT**  
**Town of New Denmark**

Ralph Witte, Zoning Administrator / Building Inspector  
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Green Bay, WI 54304  
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(920) 321-8937

Town's Mailing Address:  
5993 W. Cherney Road  
Denmark, WI 54208  
(920) 863-5523

**Application must be completed in ink**

PARCEL NO. \_\_\_\_\_ OWNER'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

OWNER'S ADDRESS (If different): \_\_\_\_\_

PHONE NO. \_\_\_\_\_ ALTERNATIVE NO. \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

TOTAL VALUE OF WORK TO BE PERFORMED: \$ \_\_\_\_\_

SIZE OF STRUCTURE TO BE BUILT: WIDTH \_\_\_\_\_ DEPTH \_\_\_\_\_

AREA \_\_\_\_\_ (SQ. FEET)

Note: Please include a map or drawing of the parcel designating where the dwelling or proposed construction project will be located along with the appropriate setbacks from the property lines.

All work covered by this Informational Building Permit has been authorized by the (Owner) or (Agent) of this property and will be done according to State Codes and Regulations. **NO WORK SHALL BE STARTED UNTIL THE TOWN BOARD RECEIVES THIS APPLICATION AND THE BUILDING INSPECTOR HAS ISSUED AN APPLICABLE BUILDING PERMIT AND FEES HAVE BEEN PAID.**

\_\_\_\_\_  
Applicant's Signature (Date) (Phone No.)

Please print name: \_\_\_\_\_

Acres: \_\_\_\_\_

Zoning: \_\_\_\_\_

Setbacks: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

PERMIT NO: \_\_\_\_\_

Please return the original to Zoning Administrator / Building Inspector 5 days in advance of the regularly scheduled Town Board Meeting which is the second Monday of each month.