



City of Colby Building Permit

Address of Project _____

Permit Fee _____

Applicant Information

NAME _____

MAILING ADDRESS _____

PHONE _____

Contractor Information

NAME _____

ADDRESS _____

PHONE _____

Description of Project

Setbacks: FRONT _____ REAR _____ SIDE _____

Estimated Cost \$ _____

Signature of Applicant/Contractor: _____

*I certify that the information provided on this form is complete and accurate and agree to comply with all applicable codes and ordinances of the City of Colby and the State of Wisconsin.

Date: _____

Permit Officer Signature: _____