



# 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:** \_\_\_\_\_