

City of Colby Building Permit



Date: _____

Applicant Information

NAME: _____

BUILDING ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

Contractor Information

NAME & PHONE NUMBER: _____

Description of Project

Setbacks (if applicable): FRONT _____ REAR _____ SIDE _____

Project Cost (materials + installation costs) \$ _____

Permit Fee: \$ _____ **Receipt info (Cash or Check):** _____

*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 Statutes and Building Codes.

Signature of Applicant/Contractor: _____

Permit Officer Signature: _____