

**TOWN OF HARMONY - SITE/BUILDING PERMIT,
APPLICATION**

Owner: _____ **Phone** _____

Representative /Title _____

Address/location: _____

Legal Description/ Parcel Number _____

Type Construction

Dwelling/ Home _____ **Dwelling/ Home addition/Type** _____

Out Building ___ **SF** _____ **Out Building Addition** ___ **SF** _____

Other Structure _____

Applicant agrees to comply with all applicable federal, State, municipal laws regulations, ordinances and permit conditions that pertain to the activity identified above in this permit application.

All information provided in this permit is true and accurate to the best of my knowledge.

Applicants Signature/Date: _____

_____ **TOWN USE** _____

Rezoning Necessary, **Yes**__ **No**__ **Flood Plain,** **Yes**__ **No**__

Setback Requirements Met, Yes__ **No**__ **Variance required, Yes**__ **No**__

Meets all Zoning Requirements, Yes__ **No**__

Other Contacts:

SANITATION PERMIT _____ **Contact Vernon County Zoning 608 637 5270**

UDC PERMIT _____ **Contact: Brenda Fassett 608 745 4070**

TOWN OF HARMONY PERMITS _____ **Contact Pete Strachan 608 689 2445**

Town Representative / Approval Date: _____

Special provisions/Notes _____

FEES collected _____

Permit Number _____