

Office Use Only:
Date Submitted: _____

Return original and 2 copies and all attachments to:

Matt Scholze, Zoning Administrator
Zoneholland@gmail.com
1991 Hill Road
Greenleaf, WI 54126
Phone: (920)740-0555

TOWN OF HOLLAND
Application for Building Informational Permit

Applicant / Agent Information:

Name _____ Phone Number _____
(Last, First, Middle)
Address _____
(Street, City, Zip Code)
Email Address _____

Property Owner Information:

Name _____ Phone Number _____
(Last, First, Middle)
Address _____
(Street, City, Zip Code)
Email Address _____

Parcel Information:

Parcel Address _____

Parcel Number: _____ Current Zoning: _____

Current Use of Property: _____

Description of Work to be Performed (attach drawing, site plan, or any additional relevant information including map of parcel available at Brown County website, <https://prod.landrecords.browncountywi.gov>):

Total Value of Work to be Performed: \$ _____

Signatures:

By the execution of this Application, applicant hereby swears all work covered by this Informational Building Permit has been authorized by the owner of this property and all work will be done in accordance with any applicable county or state ordinances, codes or regulations.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____
(if different than Applicant)

Please return the original and two copies to the Town of Holland Zoning Administrator, at the address noted above at least 5 days in advance of the regularly scheduled Town Board Meeting which is the first Tuesday of each month. For questions call Zoning Administrator, Town of Holland, 608-547-8189.

APPROVED BY: _____ DATE: _____ PERMIT #: _____

