**APPLICATION FOR BUILDING PERMIT-RESIDENTIAL**
**TOWN OF SALEM-KENOSHA COUNTY-WISCONSIN**
**MAIL TO: TOWN OF SALEM BUILDING DEPT., PO BOX 443, SALEM, WI 53168**

DATE_____ PERMIT NUMBER_____

PARCEL # _____JOB SITE ADDRESS_____

OWNER'S NAME_____OWNER'S PHONE_____

OWNER'S MAILING ADDRESS_____

**NEW CONSTRUCTION ( )** **REMODEL ( )** TOTAL CONSTRUCTION COST_____

**DESCRIPTION OF WORK TO BE DONE**

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