Village of Birchwood PO BOX 6 101 N. Main Street Birchwood, WI 54817

Building/Zoning Administrator Signature



Phone: (715) 354-3300 Fax: (715)354-7500 ashley@birchwoodvillagewi.com

## Village of Birchwood

## **Excavation Permit**

Current Date:	
I,	hereby apply to the Village of Birchwood for a permit to excavate as follows:
Excavation to begin:	Excavation to be completed:
Location:	
Nature of work:	
Method of Excavation:	
2 .	ance and to give notice to the Building Inspector/Zoning Administrator before rewhen re-filling has been completed.
Name of applicant (print):	
Signature of applicant:	
Name of Company:	Phone:
Address:	
If Contracting with another Co	npany:
Name of Company:	Phone:
Contact Person:	
Address:	
OFI	CE USE ONLY
Date Received:	Permit #
Date Paid:	Receipt # FEE SCHEDULE   Permitted: Yes No Administration Fee: \$25.00   Zoning Fee: \$75.00

Date