# Town of Cleveland

# Building Permit

## Interview Details

|  |  |
| --- | --- |
| Name:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  |  |  |

|  |  |
| --- | --- |
| Project Description: |  |
| Project Value: | $ |
| Building Type |  |

The applicant, having paid the required fee, is authorized to proceed with such work according to the application and specifications filed. The applicant agrees that such work will be done as described and that it will comply with all applicable statues of the State of Wisconsin and ordinances of the Town of Cleveland.

Permit Fee: $15.00

Send Permit to:

Town of Cleveland – Clerk

214261 County Rd M

Stratford WI 54484

Email: clerk@townofcleveland.wi.gov