

**Return original and 2 copies and all attachments to:**

Bill Clancy, Town Clerk  
7226 Old Highway 57  
Greenleaf, WI 54126

Office Use Only:

Date Submitted: \_\_\_\_\_

**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 Clerk at the address noted above at least 5 days in advance of the regularly scheduled Town Board Meeting which is the first Monday of each month. For questions call Clerk, Town of Holland, 920-532-4752.**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_