



**BOX 4 - RETURN THIS FORM TO:**

**Mail:** 24 W. Main Street, P.O. Box 79, Belleville WI 53508  
**Fax:** 608-424-3423 **Email:** info@villageofbelleville.com  
**Drop Box:** At 24 W. Main Street, 24 hours / day **Questions:** 608-424-3341

**BOX 5 - APPROVALS**

Your request has been:

 Approved Not Approved Approved with these Conditions:

Permit approved by:

**BOX 6 - OFFICE USE ONLY**

Received by:

Date:

Referred to: Public Works Director

**OTHER CONDITIONS OF APPROVAL:**

Fee: \$50.00 plus expenses billed

**ATTACHMENTS:** Fee payment receipt \_\_\_\_ Plans \_\_\_\_ Other \_\_\_\_

Certificate of Insurance \_\_\_\_ Bonds \_\_\_\_

Code Reference: Chapters 455-5 and 455-6