

## **Sidewalk Permit Application**

Date of Application:	of Application: Fee: \$40 Receipt:			
Name of Owner:	P	Phone #:		
Owners Address:		O'h.	Ctata	
Project Address:		City	State	Zip 
CONTRACTOR: Name:				
Phone #:				
Sketch of Project:				
Note	: To be constructed per	Village Ordinance 8.02	2.	
Please Return To:	Approv	ved By:		
Village of Hortonville Dept. of Public Works P.O. Box 99	Date A	pproved:		

Hortonville, WI 54944