**TOWN OF RED CEDAR TEMPORARY OR SEASONAL RESIDENCE PERMIT**

**Applicant**

|  |  |
| --- | --- |
| Name: | |
| Street Address, City, State, Zip: | |
| Phone: | Phone: |

**Location Information, if different from above**

|  |  |
| --- | --- |
| Property Owner: | |
| Street Address, City, State, Zip: | |
| Phone: | Phone: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ side of highway, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ miles/feet \_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Quadrant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N Range \_\_\_\_\_\_\_\_\_\_\_ W | |

**Agreement**

|  |  |  |
| --- | --- | --- |
| I herby certify that I am the applicant listed above and agree to abide by the provisions of Section 6 in the Temporary or Seasonal Residence Permit Ordinance of the Town of Red Cedar. I certify that the information provided is a true and accurate statement of the facts. | | |
|  |  |  |
| Signature | Phone | Date |

**Check or money order for the permit fee payable to: Return fee and permit application to:**

|  |  |
| --- | --- |
| Town of Red Cedar | Town of Red Cedar Clerk |
| E6990 720th Ave |
| Menomonie, WI 54751 |
| (715) 556-5034 |

DO NOT WRITE BELOW THIS LINE

**PERMIT APPROVAL BY PERMITTING AUTHORITY**

A permit is hereby issued by the Permitting Authority subject to the Applicant’s full compliance with all provisions and conditions outlined in the Temporary or Seasonal Residence Permit Ordinance of the Town of Red Cedar.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Approved** | |  | Supplemental Provisions Attached: | |
| Permitting Authority: |  |  | Yes | No |
| Signature, Title | Date |  | Fee  Received: | $ |
| Date approved by the Town Board: | |  | Check Number: |  |
| Comments/Special Provisions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Date  Issued: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Exp.  Date: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | Permit Number: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_