

Town of Lincoln
BUILDING PERMIT APPLICATION

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

PROJECT LOCATION

Building Address: _____

Legal Description: _____

PROJECT TYPE

Type of Structure: _____

PROJECT AREA

Sq Ft _____ Est. project cost \$ _____

Remodeling Type if applicable _____

ESTIMATED DATE

Beginning _____ Completion _____

I present that all the above information is correct, and understand the issuance of the permit is for administrative purposes only. Onsite construction inspections will not be performed by the Township.

Signature _____ Date Signed _____

Administration area

Fee: \$50.00

Check #: _____ OR Cash _____

Received by: _____ on ____/____/____

Mail to: Town of Lincoln, Attn: Clerk, P.O. Box 98, Warrens, WI 54666

R 07/01/2026