

**Town of Highland  
Building Packet Request**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Building Site Location: \_\_\_\_\_

Parcel No.: \_\_\_\_\_

Legal Description of property: \_\_\_\_\_

Circle One    1 Family                      2 Family

Circle One    Site Constructed              Manufactured

Size of Building \_\_\_\_\_

Please return form and \$25.00 fee to:

Nora Anne Moss, Clerk  
Town of Highland  
7316 S County Road S  
Lake Nebagamon, WI 54849

715.374.2046 Phone