

# Building Permit—Application

## Type of Work:

No.: \_\_\_\_\_ Date: \_\_\_\_\_

New Building \_\_\_\_\_ Addition or Remodel \_\_\_\_\_

Parcel(s) No.: \_\_\_\_\_

### Check Activities that Apply

Owner Name: \_\_\_\_\_

Wrecking \_\_\_\_\_ Foundation \_\_\_\_\_ Sprinklers \_\_\_\_\_

Address: \_\_\_\_\_

Sign \_\_\_\_\_ Fence \_\_\_\_\_ Moving \_\_\_\_\_ Pool \_\_\_\_\_

Phone: \_\_\_\_\_

Other \_\_\_\_\_, explain \_\_\_\_\_

Estimated Project Cost: \_\_\_\_\_

Data Entry Code \_\_\_\_\_

Permit Payment: Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_

**Site Address:** \_\_\_\_\_

Lot Area: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision \_\_\_\_\_

Zoned: \_\_\_\_\_ Zoning Permit #: \_\_\_\_\_

Wetlands: \_\_\_\_\_ Flood Plain: \_\_\_\_\_ Remarks (Special Use, Board of Appeals, Site Plan, Change in Occupancy, State or Other Approvals):  
 \_\_\_\_\_

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_

**Setbacks:** Front Ft.: \_\_\_\_\_ Rear Ft.: \_\_\_\_\_ Left Ft.: \_\_\_\_\_ Right Ft.: \_\_\_\_\_

Building Use: \_\_\_\_\_

Type of Construction: \_\_\_\_\_ Bldg/Living Area Sq. Ft.: \_\_\_\_\_ Bsmnt Area Sq. Ft.: \_\_\_\_\_

Additional area Sq. Ft.: \_\_\_\_\_ Garage/Access Bldg Area Sq. Ft.: \_\_\_\_\_ Bldg Volume Cu. Ft.: \_\_\_\_\_

## INSPECTIONS REQUIRED

**Dave Frank—920-233-1999**

Call for inspections as indicated below:

\_\_\_\_\_ Footings (Before Pouring)

\_\_\_\_\_ Foundation (Before Backfill)

\_\_\_\_\_ Frame

\_\_\_\_\_ Electric

\_\_\_\_\_ Plumbing

\_\_\_\_\_ Heating & A/C

\_\_\_\_\_ Insulation

\_\_\_\_\_ Occupancy

\_\_\_\_\_ Final

Permission is hereby granted for the above described work on condition that same be done in accordance with the application plan and specification on file, and in compliance with the building ordinance and all other ordinances of the Town of Oshkosh State Building Code of Wisconsin, that all work (footing, foundation, backfill, structural and final inspections) be reported when ready for inspection as required by the Building Inspector.

\_\_\_\_\_  
 (Signature) Building Inspector

\_\_\_\_\_  
 (Signature) Owner/Agent

Main contact phone for project: \_\_\_\_\_



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Date: \_\_\_\_\_

Parcel(s) No. and /or Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Dwelling Contractor Qualifier Certification # \_\_\_\_\_

Contractor's Name: Contact Person: _____ Const _____ Elect _____ HVAC _____ Plumb	Lic/Cert#	Mailing Address:	Phone:
Contractor's Name: Contact Person: _____ Const _____ Elect _____ HVAC _____ Plumb	Lic/Cert#	Mailing Address:	Phone:
Contractor's Name: Contact Person: _____ Const _____ Elect _____ HVAC _____ Plumb	Lic/Cert#	Mailing Address:	Phone:
Contractor's Name: Contact Person: _____ Const _____ Elect _____ HVAC _____ Plumb	Lic/Cert#	Mailing Address:	Phone:
Contractor's Name: Contact Person: _____ Const _____ Elect _____ HVAC _____ Plumb	Lic/Cert#	Mailing Address:	Phone: