

City of Oconto Inspection Department 920-834-7775 Wisconsin Stats. 101.63, 101.73	Oconto COMMERCIAL Building Permit Application <small>The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]</small>	Parcel No. Application No.		
PERMIT REQUESTED <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:				
Owner's Name		Mailing Address	Tel.	
Contractor Name & Type		Lic/Cert#	Mailing Address	Tel. & Fax
Dwelling Contractor (Constr.)				
Dwelling Contr. Qualifier		The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.		
HVAC				
Electrical				
Plumbing				
PROJECT LOCATION	Lot area Sq.ft.	<input type="checkbox"/> One acre or more of soil will be disturbed	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W	
Building Address		County	Subdivision Name Lot No. Block No.	
Zoning District(s)	Zoning Permit No.	Setbacks:	Front Rear Left Right ft. ft. ft. ft.	
1. PROJECT	3. OCCUPANCY	6. ELECTRIC	9. HVAC EQUIP. 12. ENERGY SOURCE	
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	
2. AREA INVOLVED (sq ft)	4. CONST. TYPE	7. WALLS	10. SEWER	
	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	
	5. STORIES	8. USE	11. WATER	
	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent 8A. FOUNDATION <input type="checkbox"/> Concrete: <input type="checkbox"/> Masonry: <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	
			14. EST. BUILDING COST w/o LAND	
			\$ _____	
			13. HEAT LOSS	
			_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)	
I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the cautionary statement; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. <input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility.				
APPLICANT (Print:)		Sign:	DATE	
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.				
ISSUING JURISDICTION CITY OF OCONTO State-Contracted Inspection Agency#: Municipality Number of Dwelling Location				
FEES:		PERMIT(S) ISSUED	PERMIT ISSUED BY:	
Plan Review	\$ _____	<input type="checkbox"/> Construction	Name _____	
Inspection	\$ _____	<input type="checkbox"/> HVAC	Date _____ Tel. _____	
Wis. Permit Seal	\$ _____	<input type="checkbox"/> Electrical	Cert No. _____	
Other	\$ _____	<input type="checkbox"/> Plumbing		
Total	\$ _____	<input type="checkbox"/> Erosion Control		

