

Permission to Build Permit

\$30.00

Permit #	Date:		
Project Address:		SA SELLER THE SERVICE OF	HER ALVANDUE EL
Parcel #:	Zoning:		Lot Area:
Owner Name:			
Mailing Address:			
Telephone/Email:			
Construction Contractor Name:			NUMBER OF THE PROPERTY OF THE
Lic No.:			
Address:			
Telephone/Email:			
Project Information		Type of Building	
() New Building		() One Family	
() Addition		() Two Family	
() Remodel - Interior Alteration		() Multi-Family	
() Remodel - Exterior Alteration		() Commercial	
() New Deck or Alteration		() Garage - Attached or Separate	
() Roof Alteration		() Other	
Building Size Information			
() O.A. Dimension		() 1st Floor	
() Basement Area		() 2nd Floor	
() Garage Area		() 3rd Floor	
() No. Stories		() Height	
Main Building Setbacks		Accessory Building Setbacks	
() Front Setback		() Front Setback	
() Side Yard Setback		() Side Yard Setback	
() Side Yard Setback		() Side Yard Setback	
() Rear Yard Setback		() Rear Yard Setback	
Floodplain YES or NO (if YES, please atta	ich Floodplain Deve	elopment Permit)	
Estimated Cost of Project:			
If work is on, within, or connected to an e	existing structure:		
Valuation of Existing Structure:			
Source of Valuation:			
When was Existing Structure Built:			
The Undersigned agrees to construct the above herewith, and in strict compliance with all the and the Building Code of the State of Wiscons	provisions of the Buld		
Applicant (Signature):		Print:	Date:
Permission has been granted by the City of Oc Inspections or the State of Wisconsin for Com		obtaining a building permit from Duff Leav	ver
Approved by:		Print:	Date:

Lot Layout Diagram

Please attach survey map or accurate drawing of the property if available. If not available, provide a lot layout including the location of all existing structures, and proposed new structures/additions.

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List al	l appl	icable	dime	nsions	belov	w and	on s	cale	ed dr	awin	g:														
List all applicable dimensions below and Primary Structure:						Accessory Structure:								C	Other:										
ft. to Side Lot Line						ft. to Side Lot Line											from	Sept	ic to	Hous	se				
ft. to Rear Lot Line						ft. to Rear Lot Line										_ ft.	from	Sept	ic to	Lot l	ine				
ft. to Centerline					ft. to Centerlineft. from D									Drai	n Fie	ld to	Lot Li								
ft. to Right-of-Way					ft. to Right-of-Way ft. from Drain Field to Well																				
ft. to Ordinary High Water Mark								o Ordi			Vater	Mark													

Submit complete permit application with \$30.00 application fee to:

City of Oconto 1210 Main St Oconto, WI 54153 admin@cityofocontowi.gov