



OAK CREEK
— WISCONSIN —

CITY OF OAK CREEK
8040 S. 6th STREET • OAK CREEK, WI 53154
PHONE (414) 766-7002

SHED & GARAGE PERMIT APPLICATION

Permit No.

Parcel No.

Project Address:

Property Owner's Name _____ Property Owner's Email _____

Property Owner's Mailing Address, City, State & Zip (if different from Project Address) _____ Phone () _____

Business Name _____ Business Email _____ Phone () _____

Business's Mailing Address, City, State & Zip _____

ESTIMATED BUILDING COST (Required) \$:

SETBACKS: Distance from lot lines to structure	Front Ft.	Rear Ft.	Left Ft.	Right Ft.	Distance from main building Ft.	Height of the Primary Structure Ft.
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Structure Size	240 sq. ft. or greater	Walls	Construction Type
Width _____ ft. _____ in. Depth _____ ft. _____ in. Height: Exterior Wall _____ ft. _____ in. To Ridge _____ ft. _____ in. Overhang _____ ft. _____ in.	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, additional construction documents required, including elevation views.	Studs (_____ x _____) (_____ ") O.C. Sheathing _____ Siding _____ Masonry _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____ _____ _____

Foundation	Roof	Door Header	Roof Pitch
<input type="checkbox"/> Reinforced Slab <input type="checkbox"/> Masonry Foundation <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Pole Building	<input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Truss <input type="checkbox"/> Rafters: (_____ x _____) (_____ ") O.C. Roofing Material: _____	Opening Size _____ ft. Header Material & Size: _____ _____	 12ft. _____ Ft

The applicant agrees to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understands that issuance of the permit creates no legal liability, express or implied, on the Department or Municipality; and certifies that all of the above information is accurate. **NO WORK MAY START PRIOR TO THE ISSUANCE OF THE PERMIT.**

CONTACT PERSON (Print) _____ PHONE: _____

SIGNATURE OF APPLICANT _____ Date _____

NOTE: Footing, rough framing, and final inspections required.

MINIMUM 24-HOUR NOTICE IS REQUIRED FOR ALL INSPECTION REQUESTS. SCHEDULING WILL BE BASED ON ORDER RECEIVED AND STAFF AVAILABILITY.

Any electrical, plumbing and/or HVAC work requires separate permits.
\$60 minimum permit fee

OFFICE USE ONLY	FEE CALCULATION	PAYMENT
Information checked to be submitted with application: _____ Building Plans & Specification _____ Plat of Survey _____ Erosion Control (TBD by Engineering Department)	_____ Sq. ft. x \$.30 = \$ _____ ≥ 240 sq. ft. \$60 Review Fee \$ _____ Total Fee \$ _____	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> None