

## CITY OF OAK CREEK 8040 S. 6<sup>th</sup> STREET • OAK CREEK, WI 53154

PHONE (414) 766-7002

Permit No.

## Parcel No.

APPLICATION FOR BUILDING PERMIT									
Property Owner's Name					Property Owner's Email				
Property Owner's Mailing Address, City, State & Zip (if different from Project Address) F							Phone ( )		
Contractor's Business Name					Contractor's Email				
Contractor's Business Mailing Address, City, State & Zip							Phone ( )		
Dwelling Contractor Certificate Number Exp. Date Dwelling Contractor C					ualifier Number Exp. Date Fax ( )				
<b>SETBACKS:</b> Distance from lot lines to Structure	Front	Rear	Left		Right		Distance from main structure:		
	Ft.	Ft.		Ft.		Ft.		Ft.	
TYPE OF PROJECT		SQ. FT. OF ADDITION (IF AP		PLICABLE)	BLE) ESTIMATE		ED PROJECT COST		
\$									
EXPLANATION OF PROJECT									
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.									
PRINT CONTACT PERSON Phone ( )									
SIGNATURE OF APPLICANT Date									
This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.									
MINIMUM 24-HOUR NOTICE IS REQUIRED FOR ALL INSPECTION REQUESTS. SCHEDULING WILL BE BASED ON ORDER RECEIVED AND STAFF AVAILABILITY.									
SEPARATE PERMITS MAY BE REQUIRED FOR PLUMBING AND ELECTRICAL									
FEES \$60 Minimum permit fee								PAYMENT	
Desidential Demodel (\$60 normity, \$00 non review)								Check	
Residential Addition - \$.40/sq. ft. p	)) + \$90 plan review		Plan Review\$ Permit\$				🗌 Cash		
Gazebo, Pergola, Egress Window, Fireplace - \$60				Permit\$ Credit Card   Other\$ None					
Foundation Repair - \$12 per \$1,000 of estimated project cost. Round up to the next whole dollar (Min \$60)					TOTAL\$				