



**CITY OF OAK CREEK
BUILDING PERMIT APPLICATION
8640 S. HOWELL AVENUE · OAK CREEK, WISCONSIN
PHONE (414) 768-6547 · FAX (414) 768-6589**

Permit No. _____

Parcel No. _____

PERMIT REQUESTED CHECK HERE IF: HVAC SIGN: _____

Owner's Name _____ Mailing Address, City, State & Zip _____ Phone () _____

Contractor's Name _____ Mailing Address, City, State & Zip _____

Dwelling Contractor Cert # _____ Dwelling Contractor Qualifier # _____ Phone () _____

Project Address _____ For gazebos and pools, distance from main building _____ ft. Fax () _____

SETBACKS: Distances from lot lines to object
 Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

TYPE OF PROJECT _____ **ESTIMATED PROJECT COST** \$ _____

EXPLANATION OF PROJECT

SQUARE FOOTAGE OF ADDITION _____

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 _____

CONDITIONS OF APPROVAL This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

IT

**24-HOUR NOTICE FOR ALL INSPECTIONS
SEPARATE PERMITS MAY BE REQUIRED FOR PLUMBING AND ELECTRICAL**

ISSUING JURISDICTION City of Oak Creek MUNICIPALITY NUMBER 4 0 - 2 6 5

FEES:	PERMIT(S) ISSUED	PAID	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Construction	<input type="checkbox"/> Check	NAME _____
Permit \$ _____	<input type="checkbox"/> HVAC	<input type="checkbox"/> Cash	DATE _____
HVAC \$ _____	<input type="checkbox"/> Other		CERT. NO. _____
Other \$ _____			
TOTAL \$ _____			