CITY OF OAK CREEK
BUILDING PERMIT APPLICATION

P.O. BOX 27 · 8640 S. HOWELL AVENUE · OAK CREEK, WI 53154
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	Phone ( )
Dwelling Contractor Cert # or BCR #	Dwelling Contractor Qualifier #	Fax ( )
Project Address	For gazebos and pools, distance from main building _____ ft.	

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 40-265

FEES:	**PERMIT(S) ISSUED**	**PAYMENT**	**PERMIT ISSUED BY:**
Plan Review . . . . . $ _____	☐ Construction	☐ Check	SIGNED _____
Permit . . . . . $ _____	☐ HVAC	☐ Cash	DATE _____
HVAC . . . . . $ _____	☐ Other	☐ None	CERT. NO. _____
Other . . . . . $ _____			
TOTAL . . . . . $ _____			

PNP64932 (R. 8/03) **WHITE** - Issuing Jurisdiction **YELLOW** - Assessor