



OAK CREEK
— WISCONSIN —

CITY OF OAK CREEK
8040 S. 6th STREET • OAK CREEK, WI 53154
PHONE (414) 766-7000

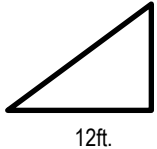
APPLICATION FOR ACCESSORY BUILDING PERMIT

Permit No. _____

Parcel No. _____

Owner's Name		Owner's Email	
Owner's Mailing Address, City, State & Zip (if different from Project Address)			Phone ()
Business Name		Business Email	
Business's Mailing Address, City, State & Zip			Fax ()

Project Address:

SETBACKS: Distance from lot lines to structure	Front Ft.	Rear Ft.	Left Ft.	Right Ft.	Distance from main building Ft.	ESTIMATED BUILDING COST (Required) \$		
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: _____ _____		 _____ 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. 24-HOUR NOTICE FOR ALL INSPECTIONS.
Any electrical, plumbing and/or HVAC work requires separate permits.
\$50 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 \$.20 = \$ _____ ≥ 240 sq. ft. \$50 Review Fee \$ _____ Administrative Fee \$ 5.00 Total Fee \$ _____	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> None