



Town of Oconomowoc
 W359 N6812 Brown Street
 Oconomowoc, WI 53066
 For inspection call: 262-490-4141
 Email: bi@townoconomowoc.com

Date _____

Building Permit # _____

Tax Key # _____

Application For Building Permit

Name _____ Phone () _____

Address _____

Contractor _____ Phone () _____

Address _____

D.C. Contractor # _____ D.C. Qualifier # _____

Project Location _____

Project Description _____

Zoning District _____

Recert:	Footing Hgt.	Bond:	Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.
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Inspector Signature _____ Zoning Permit # _____

Permit Fees	No refunds on permits	Quantity	Fee
RESIDENTIAL - 1 and 2 Family			
Remodel/Addition - \$8.00 per M of valuation / \$100 minimum.....			
Accessory Building - Up to 150 sq. ft. - \$60.00.....			
- 150 - 600 sq. ft. - \$100.00.....			
- Over 600 sq. ft. -\$0.25/sq.ft.....			
COMMERCIAL - INDUSTRIAL			
New Building/Remodel/Addition - \$8.00 per M of valuation / \$100 minimum.....			
AGRICULTURAL BUILDINGS			
New Building - \$0.25/sq. ft. all areas for inspection fees.....			
Remodel/Addition - \$8.00per M of valuation / \$100 minimum.....			
MECHANICAL & MISCELLANEOUS			
Decks, each - \$100.00.....			
Special Inspections - \$75.00/hr.....			
PERMIT TO START CONSTRUCTION OF FOOTINGS & FOUNDATION			
Residential - \$100.00.....			
Commercial - Industrial - \$200.00.....			
PLAN REVIEW - \$			
OTHER - \$			
Quadruple fees shall be charged if work is started before permit is issued			

Permit Expires _____

Valuation: \$ _____ Ck # _____ Rec.'d by _____ Date Rec'd ___ / ___ / ___ TOTAL FEES: \$ _____

CONDITIONS OF APPROVAL: Does not include electrical or any other permits. _____

The applicant agrees to comply with the Wisconsin UDC/IBC and other Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, on the Department, or Municipality; and certifies that all the above information is accurate. Failure to call for Final Inspection will result in an \$100 Fee/Penalty.

SIGNATURE OF APPLICANT _____ **DATE** _____