City of Oshkosh

P O Box 1130
Oshkosh, WI 54903-1130
Phone: (920) 236-5050
Fax: (920) 236-5084
www.ci.oshkosh.wi.us

Building Permit Application

Project Address	_____
Applicant	□ Owner □ Contractor □ Tenant □ Other (describe)_____
Owner / Tenant	Name_____ Phone_____ Address_____ Email_____
Contractor	Company Name_____ Phone_____ Contact_____ Email_____ Address_____ State Credential #'s_____ , _____ Dwelling Contractor Qualifier # Dwelling Contractor #
Architect / Designer	Company Name_____ Phone_____ Contact_____Email _____ Address_____
Permit Type	□ Residential Single Family □ Residential Duplex □ Commercial □ Multifamily □ Industrial
Category	□ New □ Addition □ Alteration
Project Description	_____ _____ _____ _____ _____ _____
Mechanical Permits	Separate permits will be obtained for the following: Electrical by _____ Plumbing by_____ Heating by_____
Value of Job	**$** _____ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.) Payment by: □ Check #_____ □ Cash □ Credit/Debit Card (office or online only)

I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.

Name: _____ (Please print) Date: _____

Signature: _____