City of Oshkosh

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Roofing, Siding & Windows 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 # / Building Contractor Registration #		
Permit Type	□ Residential □ Commercial		
Location	□ House □ House & Garage □ Commercial Building □ Accessory Structure		
Project Information	**Roofing:** **Tear off all layers:** □ Yes □ No **Replace roof decking:** □ Yes □ No	**Siding:** **Current Siding Material:** □ Vinyl □ Wood □ Steel □ Concrete □ Asphalt □ Stucco □ Other **New Siding Material:** □ Vinyl □ Wood □ Steel □ Concrete □ Asphalt □ Stucco □ Other	**Windows:** **Number of Windows:** _____ **Window Type:** □ New Opening □ Replacement Same Size & Location
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: _____