



P O Box 1130
 Oshkosh, WI 54903-1130
 Phone: (920) 236-5059
 Fax: (920) 236-5053
www.ci.oshkosh.wi.us

Zoning Permit Application

Project Address	_____
Applicant	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other (describe) _____
Owner / Tenant	Name _____ Phone _____ Address _____ Email _____
Contractor	Company Name _____ Phone _____ Contact _____ Email _____ Address _____ State Credential #'s _____, _____ Dwelling Contractor Qualifier # Dwelling Contractor #
Permit Type	<input type="checkbox"/> Residential Single Family <input type="checkbox"/> Residential Duplex <input type="checkbox"/> Commercial <input type="checkbox"/> Multifamily <input type="checkbox"/> Industrial
Category	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration
Project Description	_____ _____ _____ _____ _____
Value of Job	\$ _____ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.) Payment by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Fee Account <input type="checkbox"/> Credit/Debit Card (office or online only)
<p><i>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.</i></p> <p>Name: _____ (Please print) Date: _____</p> <p>Signature: _____</p>	