

# CITY OF OSHKOSH BUILDING PERMIT APPLICATION

*For 1 and 2 Family Homes*

Owner's Name	Mailing Address	Phone No. ( )
Contractor's Name:	Mailing Address	Lic/Cert # Phone No. ( )
Plumbing Contractor's Name:	Mailing Address	Lic/Cert # Phone No. ( )
Electrical Contractor's Name:	Mailing Address	Lic/Cert # Phone No. ( )
HVAC Contractor's Name:	Mailing Address	Lic/Cert # Phone No. ( )

## PROJECT LOCATION

Building Address	Subdivision Name	Lot No.								
Zoning District	Setbacks:	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Front</td> <td style="width: 25%; border: none;">Rear</td> <td style="width: 25%; border: none;">Left</td> <td style="width: 25%; border: none;">Right</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">ft.</td> <td style="border: none; text-align: center;">ft.</td> <td style="border: none; text-align: center;">ft.</td> </tr> </table>	Front	Rear	Left	Right		ft.	ft.	ft.
Front	Rear	Left	Right							
	ft.	ft.	ft.							

## PROJECT INFORMATION

<u>OCCUPANCY</u> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Other  <u>USE</u> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other	<u>AREA</u> Unfinished Basement _____ sq.ft. Living Area _____ sq.ft. Garage _____ sq.ft.  <u>HEIGHT</u> Height of the Structure (from final grade to the peak of the roof) _____	<u>CONST. TYPE</u> <input type="checkbox"/> Site Constructed <input type="checkbox"/> Manufactured  <u>FOUNDATION</u> <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other	<u>STORIES</u> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Bi-level <input type="checkbox"/> Tri-level <input type="checkbox"/> Quad-level <input type="checkbox"/> Other	<u>NUMBER OF ROOMS</u> ___ Bathrooms ___ Bedrooms ___ Remaining Finished Rooms
<u>ELECTRICAL</u> Panel Size: <input type="checkbox"/> 100 Amps <input type="checkbox"/> 200 Amps Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<u>PLUMBING</u> Sewer <input type="checkbox"/> Municipal <input type="checkbox"/> Septic Permit No. _____	<u>WATER</u> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	<u>BUILDING COST</u> Sale Price of the Project \$ _____ (Final cost of house, lot & labor) MINUS - The Cost of the Lot \$ _____ MINUS - The Cost of the Mechanicals \$ _____ EQUALS = The Cost of Construction \$ _____ (Fair market value which includes labor)	
<u>HEAT LOSS</u> Envelope _____ Btu/Hr  Infiltration _____ Btu/Hr			<u>HVAC EQUIPMENT</u> <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other	
<u>ENERGY SOURCE</u> Choices: Natural Gas, L.P., Oil, Elec, Solid, Solar  Space Htg _____ Water Htg _____			APPLICANTS SIGNATURE: _____	
DATE: _____				