

TOWN OF ALGOMA PERMIT APPLICATION

15 North Oakwood Road, Oshkosh, WI 54904
Telephone 920-235-3789

PERMIT REQUESTED <input type="checkbox"/> CONST <input type="checkbox"/> HVAC <input type="checkbox"/> ELEC <input type="checkbox"/> PLUMB <input type="checkbox"/> EROSION <input type="checkbox"/> OTHER: _____						
Owner's Name		Mailing Address			Telephone No.	
Contractor's Name <input type="checkbox"/> Const <input type="checkbox"/> Elect <input type="checkbox"/> HVAC <input type="checkbox"/> Plumb.		Lic/Cert #	Mailing Address		Telephone No.	
Contractor's Name <input type="checkbox"/> Const <input type="checkbox"/> Elect <input type="checkbox"/> HVAC <input type="checkbox"/> Plumb.		Lic/Cert #	Mailing Address		Telephone No.	
Contractor's Name <input type="checkbox"/> Const <input type="checkbox"/> Elect <input type="checkbox"/> HVAC <input type="checkbox"/> Plumb.		Lic/Cert #	Mailing Address		Telephone No.	
Contractor's Name <input type="checkbox"/> Const <input type="checkbox"/> Elect <input type="checkbox"/> HVAC <input type="checkbox"/> Plumb.		Lic/Cert #	Mailing Address		Telephone No.	
Project Site Address				ZONING PERMIT REQ. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Zoning District(s)	Zoning Permit No.	SET BACKS	FRONT	REAR	LEFT	RIGHT

AREA INVOLVED Living Area _____ Sq. Ft. Unfinished Basement _____ Sq. Ft. Garage _____ Sq. Ft.

1. CONST. PROJECT TYPE <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input type="checkbox"/> Other		ESTIMATED COST \$
DESCRIPTION OF WORK		

2. ELECTRICAL PROJECT TYPE <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Temporary <input type="checkbox"/> Other		ESTIMATED COST \$
DESCRIPTION OF ELECTRICAL WORK <input type="checkbox"/> New <input type="checkbox"/> Service Change <input type="checkbox"/> Underground <input type="checkbox"/> Overhead AMPS <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> _____		

3. HVAC PROJECT TYPE <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Other		ESTIMATED COST \$
DESCRIPTION OF HVAC WORK		

TYPE OF EQUIPMENT <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Radiant Baseboard Heat or Panel		ESTIMATED COST \$
FUEL <input type="checkbox"/> Nat. Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid <input type="checkbox"/> L.P. <input type="checkbox"/> Elect <input type="checkbox"/> Solar		

4. PLUMBING PROJECT TYPE <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Other		ESTIMATED COST \$
DESCRIPTION OF PLUMBING WORK		

TYPE OF EQUIPMENT <input type="checkbox"/> Water Heater <input type="checkbox"/> Water Softener <input type="checkbox"/> Pressure Tank <input type="checkbox"/> Water Treatment System		FIXTURE INVOLVED <input type="checkbox"/> Toilet <input type="checkbox"/> Shower <input type="checkbox"/> Bath tub <input type="checkbox"/> Whirlpool <input type="checkbox"/> Sink <input type="checkbox"/> Laundry Sink <input type="checkbox"/> Other		ESTIMATED COST \$
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INSPECTIONS REQUIRED Call for inspections as indicated 233-1999 or 685-6588
 Footings (Before Pouring) Foundation (Before Backfill) Frame Mechanical Inspections Insulation Occupancy Final

The applicant agrees to comply with all applicable codes, state statues, and ordinances and with the conditions of this permit, understands that the issuance of the permit creates no legal liability, expressed or implied, on the Department or municipality and its agents, and certifies that all the above information is accurate.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

PERMIT ISSUED BY	NAME	CERT. NO.	DATE	FEE \$	CHECK NO.
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