

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: _____				
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Owner's Name	Mailing Address	Telephone No.
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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.
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Project Site Address	ZONING PERMIT REQ.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Zoning District(s)	Zoning Permit No.	SET BACKS	FRONT	REAR	LEFT	RIGHT
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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 DESCRIPTION OF WORK	ESTIMATED COST
	\$

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 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"/> _____	ESTIMATED COST
	\$

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

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

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
		\$

INSPECTIONS REQUIRED Call for inspections as indicated 920-751-4200 ext. 260

Footings (Before Pouring) Foundation (Before Backfill) Frame Mechanical Inspections Insulation Occupancy Final

The applicant agrees to comply with all applicable codes, state statutes, 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 _____
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PERMIT ISSUED BY	NAME	CERT. NO.	DATE	FEE \$	CHECK NO.
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