

City of Oconto Falls
 500 N. Chestnut Street, Oconto Falls, WI 54154
 Phone (920) 846-4505
 Fax (920) 846-4516

Permit No. _____
 Parcel No. _____
 Check No. _____
 Permit Fee: _____
 Date: _____

BUILDING PERMIT

Owner/Contractor _____	Address _____
Project Type _____	Phone# _____
Lot # _____	Subdivision _____
Zoning _____	
Comments _____	Application Date _____

Why Issued	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel-Interior <input type="checkbox"/> Remodel-Exterior <input type="checkbox"/> Deck <input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____ Estimated \$ _____	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Garage-Attached <input type="checkbox"/> Garage-Separate Other _____

Building Size Information	Set Backs Accessory Bldg	Lot information
O.A. Dimension _____ Basement Area _____ Garage Area _____ No. Stories _____ Height _____ 1st Floor _____ 2 nd Floor _____ 3 rd Floor _____ Volume _____ Total Area _____	Front _____ Main Bldg _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Contractor E-mail _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of the Building Code and Zoning Ordinance of the City of Oconto Falls and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor or designee thereof, as a condition of receiving this permit.

Applicant (signature) _____ Applicant (print) _____

State DC # _____ State DCQ# _____ Approved by _____

Permits granted by: Board of Appeals State Bldg Permit # _____ Stormwater # _____

THIS PERMIT DOES NOT COVER PLUMBING, ELECTRICAL OR HEATING INSTALLATIONS

APPLICANT SHALL CALL THE INSPECTION DIVISION FOR REQUIRED INSPECTION: 920-846-4515 or 715-853-3166

Reasonable Accommodations for persons with disabilities will be made upon request and if feasible.

White-Office

Yellow- Assessor

Pink-Applicant

ACCESSORY BUILDING, PORCH OR DECK SITE PLAN

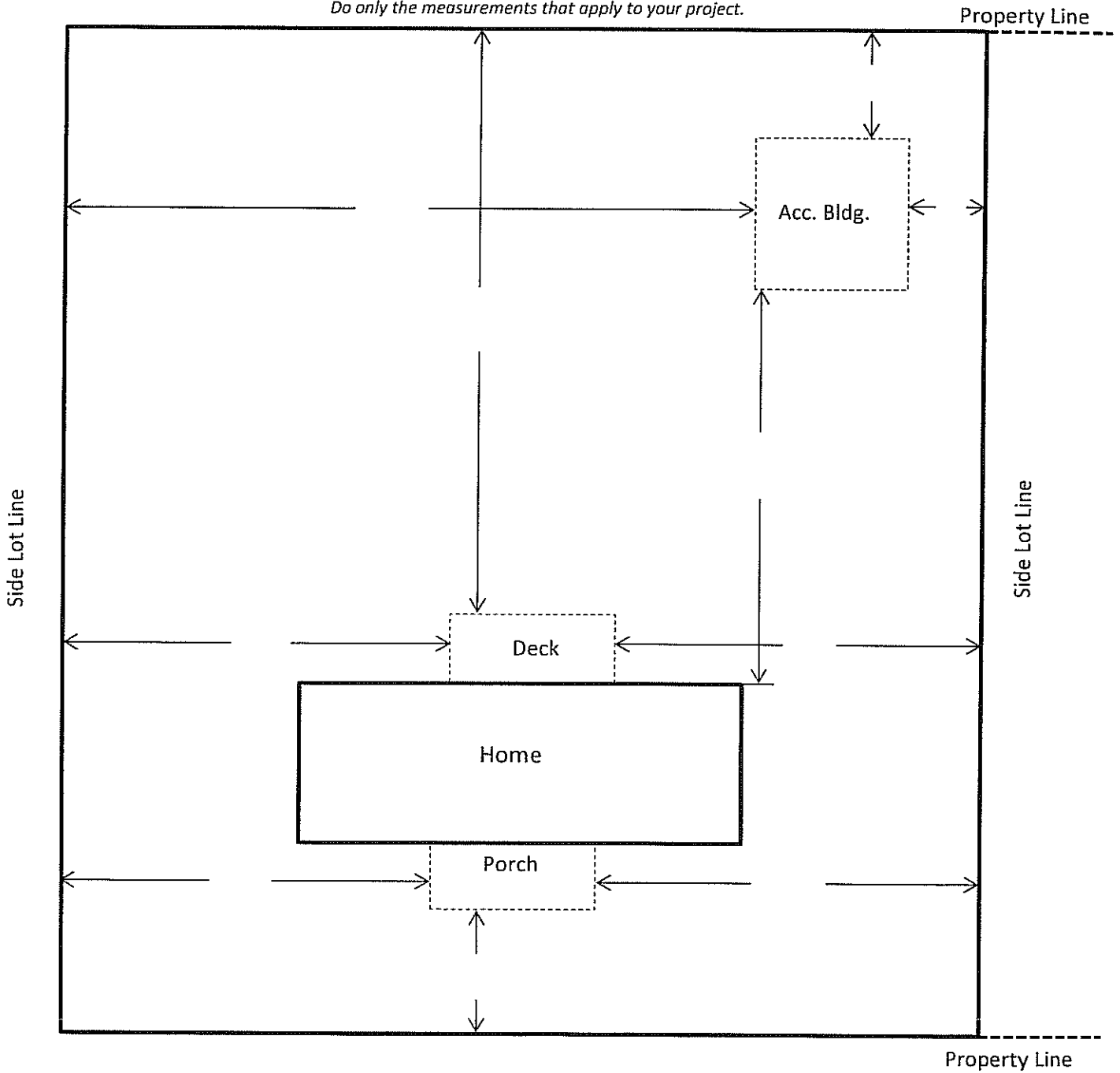
Owners Name:

Project Address:

Phone #

Please show distance in feet to property lines

Do only the measurements that apply to your project.

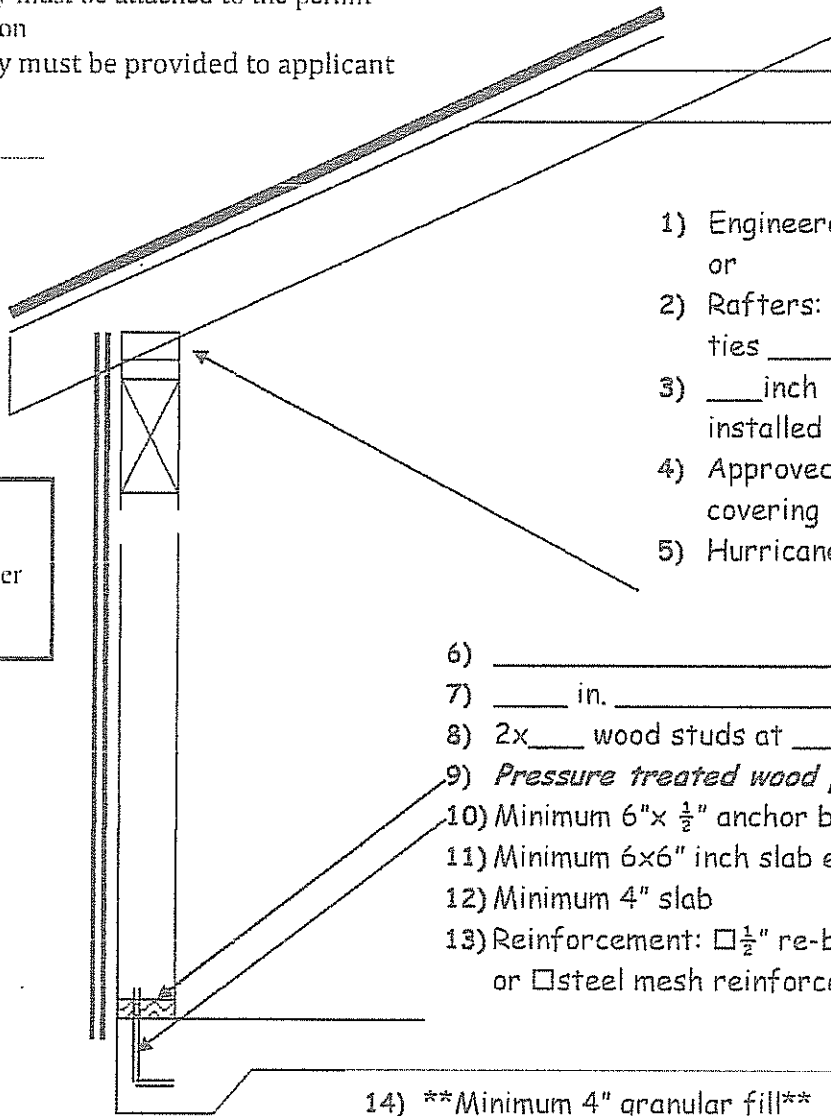


STREET NAME

Checklist: Typical Wood Frame Garage

- ◆ To be filled out and signed by applicant
- ◆ One copy must be attached to the permit application
- ◆ One copy must be provided to applicant

Note: Roof must be designed for 30# live load.

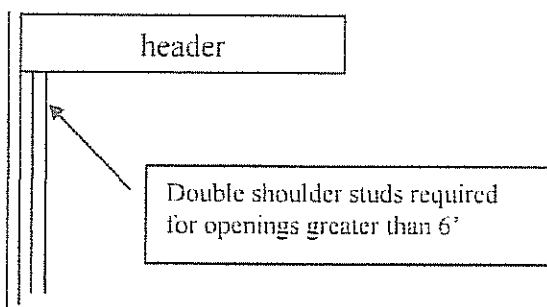


A wall brace plan from a lumber supplier is required.

- 1) Engineered trusses: _____ o.c.
or
- 2) Rafters: 2 X _____ with ceiling joists and collar ties _____ o.c.
- 3) _____ inch _____ (type) sheathing installed per manufacturer's specification.
- 4) Approved _____ (type) roof covering installed over 15# felt underlayment.
- 5) Hurricane clips or approved fasteners.

- 6) _____ (type) siding
- 7) _____ in. _____ (type) wall sheathing
- 8) 2x _____ wood studs at _____ inches o.c.
- 9) *Pressure treated wood plate*
- 10) Minimum 6"x 1/2" anchor bolts @ maximum 8'oc
- 11) Minimum 6x6" inch slab edge
- 12) Minimum 4" slab
- 13) Reinforcement: 1/2" re-bar @ 24"oc (both ways)
or steel mesh reinforcement.

14) ****Minimum 4" granular fill****



Double shoulder studs required for openings greater than 6'

Overhead Door Header

15) Width of opening? _____ ft.

16) Header carries roof load? yes no

17) Describe header:

18) Shoulder Studs: Single Double

Submitter: _____

Signature
Date