



CITY OF OCONTO FALLS

500 NORTH CHESTNUT
P.O. BOX 70
OCONTO FALLS, WI 54154-0070
PHONE: 920-846-4505 FAX: 920-846-4516

Permit No. _____
Check No. _____
Permit Fee: _____
DATE: _____

Roofing, Siding & Windows 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 # Building Contractor Registration #		
Permit Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
Location	<input type="checkbox"/> House <input type="checkbox"/> House & Garage <input type="checkbox"/> Commercial Building <input type="checkbox"/> Accessory Structure		
Project Information	Roofing: Tear off all layers: <input type="checkbox"/> Yes <input type="checkbox"/> No Replace roof decking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Siding: Current Siding Material: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Stucco <input type="checkbox"/> Other New Siding Material: <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Stucco <input type="checkbox"/> Other	Windows: Number of Windows: _____ Window Type: <input type="checkbox"/> New Opening <input type="checkbox"/> Replacement Same Size & Location
	Project Description _____ _____ _____ _____		
Mechanical Permits	Separate permits will be obtained for the following: Electrical by _____ Plumbing by _____ Heating by _____		
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		
<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>			
Name: _____		(Please print)	Date: _____
Signature: _____		Approved by _____	