



CITY OF OWEN

PO Box 67, Owen, Wisconsin 54460
Phone 715-229-2404 Fax 715-229-0022

Basic Building Permit Application

___ New Permit ___ Renewal Permit ___ Late Renewal ___ After the Fact Permit

1. Is Zoning Approval Required? No ___ *Yes ___ *Approved by Zoning Adm. _____
(*Signature is required by CJ Kreuscher)

2. Will your project include: Structural Changes/Additions? Plumbing work? Electrical work? New Dwellings? If YES, use other Building Permit Application.

Permit No. _____ **Date Issued** _____ **Permit Expires** _____

Permit Applicant Property Owner:

Last Name

First Name

Project physical Address

Mailing Address

City

State

Zip Code

Telephone/Cell Number

Contractor Name/Address/Telephone: _____

Project Description: _____

Estimated Cost of Project: \$ _____

(Please provide project drawings, if available)

By signing this document applicant acknowledges that they have received a copy of the current ordinance (Title 15, Chapter 1) Building Code/Fee Schedule.

Applicant's Signature: _____

Date: _____

Fees Paid: _____

(See Schedule of Fees)

Permit Issued By: _____

Please notify City Hall at (715) 229-2404 when your project is completed. Thank you!