

BUILDING PERMIT APPLICATION

CITY OF OWEN
 Owen Municipal Building
 833 West 3rd St.
 PO Box 67, Owen, WI 54460
 For Permit Information:
 For Inspection Information: 715-229-2404 Ext 2



CITY OF OWEN
Clark County, Wisconsin

For Office Use Only:	
Plan Check #:	_____
Submittal Date:	_____
Target Date:	_____

Project Address: _____ Suite #: _____ Zip Code: _____
 Assessor's Parcel No.: _____ Tract No.: _____ Lot No.: _____ Grid No.: _____

Permit Type(s) Applied For:			
<input type="checkbox"/> Commercial Building	<input type="checkbox"/> Structural	<input type="checkbox"/> State Approved Plans	<input type="checkbox"/> Residential Building
<input type="checkbox"/> Non-Structural	<input type="checkbox"/> Conditional use Permit	<input type="checkbox"/> Zoning Approval	

APPLICANT INFORMATION	
Applicant/ Co. Name: _____	
Address: _____	
City: _____	Zip: _____
Phone No.: _____	Ext.: _____
Contact: _____	
Fax No.: _____	

PROJECT INFORMATION	
Description of work: _____	
Related Case No(s): _____	
Occupancy Group(s): _____	Construction Type: _____
Occupancy: Current: _____	Proposed: _____
Current Use: _____	Proposed Use: _____
Valuation: _____	Number of stories: _____
Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No	A/C: <input type="checkbox"/> Yes <input type="checkbox"/> No

Property Owner: _____	
Address: _____	
City: _____	Zip: _____
Phone No.: _____	Ext.: _____
Contact: _____	
Fax No.: _____	

EXISTING BUILDING	
Check all that apply:	
<input type="checkbox"/> Int. Alterations: _____ Sq.Ft.	<input type="checkbox"/> Repair: _____ Sq.Ft.
<input type="checkbox"/> Ext. Alterations: _____ Sq.Ft.	<input type="checkbox"/> Parking Lot: _____
<input type="checkbox"/> Addition: _____ Sq.Ft.	_____ Sq.Ft.
<input type="checkbox"/> Demolition: _____ Sq.Ft.	No. of spaces: _____

Tenant: _____	
Address: _____	
City: _____	Zip: _____
Phone No.: _____	Ext.: _____
Fax No.: _____	
Contact: _____	

NEW BUILDINGS ONLY	
<u>COMMERCIAL:</u>	
Complete building data sheet for building floorplans.	
Total number of buildings:	_____
Square footage for each building:	_____
Use of each building:	_____
<u>RESIDENTIAL:</u>	
Complete data sheets for each floor plan type or building type.	
Please circle one:	
Models or Production	SFD/Det. Condo/Condo/Apt/Hotel
Total square footage of all units/plan types:	_____
If Condo/Apt/Hotel, number of dwelling units per building:	

For Office Use Only: PLAN CHECK FEE SUMMARY	
Building _____	Electrical: _____
State: _____	Mechanical: _____
Zoning: _____	Plumbing: _____
	Fire Department: _____
TOTAL PLAN CHECK FEES: \$ _____	
Receipt #: _____	Customer #: _____
Check #: _____	Initials: _____
Cash: _____	_____

By signing below, I certify the above information to be true and correct.

SIGNATURE OF APPLICANT	Date	PRINT APPLICANT NAME
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