CITY OF OAK CREEK
8040 S. 6th STREET ● OAK CREEK, WI 53154
PHONE (414) 766-7000

APPLICATION FOR ACCESSORY BUILDING PERMIT

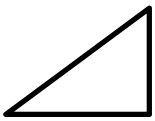
Permit No.

Parcel No.

Owner's Name	Owner's Email	
Owner's Mailing Address, City, State & Zip (if different from Project Address)		Phone ( )
Business Name	Business Email	Phone ( )
Business's Mailing Address, City, State & Zip		Fax ( )

Project Address:

SETBACKS: Distance from lot lines to structure	Front Ft.	Rear Ft.	Left Ft.	Right Ft.	Distance from main building Ft.	ESTIMATED BUILDING COST (Required) $

Structure Size	240 sq. ft. or greater	Walls	Construction Type
Width _____ ft. _____ in. Depth _____ ft. _____ in. Height: Exterior Wall _____ ft. _____ in. To Ridge _____ ft. _____ in. Overhang _____ ft. _____ in.	☐ No ☐ Yes If yes, additional construction documents required, including elevation views.	Studs (_____x_____) (") O.C. Sheathing _____ Siding _____ Masonry _____	☐ Frame ☐ Masonry ☐ Other _____
Foundation	**Roof**	**Door Header**	**Roof Pitch**
☐ Reinforced Slab ☐ Masonry Foundation ☐ Poured Concrete ☐ Pole Building	☐ Gable ☐ Hip ☐ Truss ☐ Rafters: (_____x_____) (_____") O.C. Roofing Material:_____	Opening Size _____ ft. Header Material & Size: _____ _____	 ____ Ft 12ft.

The applicant agrees to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understands that issuance of the permit creates no legal liability, express or implied, on the Department or Municipality; and certifies that all of the above information is accurate. NO WORK MAY START PRIOR TO THE ISSUANCE OF THE PERMIT.

CONTACT PERSON (Print) _____ PHONE: _____

SIGNATURE OF APPLICANT _____ Date _____

NOTE:
Footing, rough framing and final inspections required. 24-HOUR NOTICE FOR ALL INSPECTIONS.
Any electrical, plumbing and/or HVAC work requires separate permits

OFFICE USE ONLY	FEE CALCULATION	PAYMENT
Information checked to be submitted with application: _____ Building Plans & Specification _____ Plat of Survey _____ Erosion Control	_____Sq. ft. x $ .20 = $ _____ ≥ 240 sq. ft. $50 Review Fee $ _____ Administrative Fee $ 5.00 Total Fee $_____	☐ Check ☐ Cash ☐ None