

CITY OF WAUSEON
(419) 335-5041 PHONE
(419) 335-3866 FAX
ZONING/BUILDING PERMIT

PROJECT ADDRESS _____ SUB _____ LOT# _____ ZONING DISTRICT _____

OWNER _____ CONTRACTOR _____
ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

TYPE OF CONSTRUCTION

____ RESIDENTIAL ____ NEW HOME ____ POOL ____ FENCE
____ COMMERCIAL ____ ADDITION ____ SHED ____ ELECTRICAL UPGRADE
____ INDUSTRIAL ____ GARAGE ____ ROOF ____ REPAIR/REMODELING
____ DECK ____ SIDING ____ SIGN

DETAIL OF PROJECT _____

TOTAL ROOMS THAT REQUIRE: ____ ELECTRICAL ____ PLUMBING ____ HEATING/COOLING

TEMPORARY POLE YES ____ NO ____ DISTANCE FROM PROPERTY LINES

TOTAL SQUARE FOOT OF HOME _____ FRONT _____ REAR _____

TOTAL SQUARE FOOT OF GARAGE _____ LEFT _____ RIGHT _____

ESTIMATED COST OF CONSTRUCTION \$ _____ DATE OF CONSTRUCTION _____

____ ZONING ____ ELECTRICAL ____ COMPLETION
____ FOOTER/FOUNDATION ____ PLMG
____ STRUCTURAL ____ HTG/COOLING TOTAL PERMIT COST \$ _____

The undersigned hereby applied for a permit to construct and/or alter a structure at the above location and does agree to comply with all applicable provisions of the City Zoning Ordinance and does state that all information it is true and correct to the best of their knowledge.

OWNER'S SIGNATURE/CONTRACTOR _____ DATE _____

THIS PERMIT IS HEREBY APPROVED: _____ DATE _____
CODE ADMINISTRATOR

THIS PERMIT SHALL EXPIRE _____
(6 MONTHS)

PERMIT # _____

FEES \$ _____

DATE PD _____

RECEIPT # _____

