



Building Permit Application

Permit # _____ Parcel #265- _____

Owner's name _____ Phone _____

Project Address _____

Contractor's Name _____ Phone _____

Contractor's Address _____ License # _____

Electrician _____ License # _____

Plumber _____ License # _____

HVAC _____ License # _____

Residential/Commercial _____ Project Sq. Ft _____

Project Description: _____ Project Cost _____

Possess and post building permit prior to beginning construction. Work shall comply with all applicable codes.

Owner/Contractor (Print & Sign) _____ Date _____

Total Fees \$ _____ Payable to: City of Omro, 205 S Webster Ave., P.O. Box 399, Omro, WI 54963

FOR OFFICE USE ONLY

Applicable Building Trades:

_____ Framing / construction

_____ Electrical

_____ Plumbing

_____ HVAC

Inspections Required:

_____ Footing

_____ Foundation

_____ U.G. Plumbing

_____ Vapor Barrier

_____ Electrical Service/grounding

_____ Rough-Ins

_____ Insulation

_____ Final

Inspector _____ Date _____

For Inspections Call: Marty Johnson at 920-410-6756