



P O Box 1130
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Roofing, Siding & Windows Permit Application

Project Address	_____		
Applicant	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other (describe) _____		
Owner / Tenant	Name _____ Phone _____ Address _____ E-mail _____		
Contractor	Company Name _____ Phone _____ Contact _____ E-mail _____ Address _____ State Credential #'s _____ , _____ , _____ Dwelling Contractor Qualifier # Dwelling Contractor # Building Contractor Registration #		
Permit Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
Location	<input type="checkbox"/> House <input type="checkbox"/> House & Garage <input type="checkbox"/> Commercial Building <input type="checkbox"/> Accessory Structure		
Project Information	Roofing Tear off all layers: <input type="checkbox"/> Yes <input type="checkbox"/> No Replace roof decking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Siding Current Siding Material _____ New Siding Material _____	Windows Number of Windows: _____ Window Type: <input type="checkbox"/> New Opening <input type="checkbox"/> Replacement Same Size & Location
Project Description			
Mechanical Permits	Separate permits will be obtained for the following: Electrical by _____ Plumbing by _____ Heating by _____		
Value of Job	\$ _____ (Value for materials & labor is req. to ensure consistency in accessing permit fees for all applicants.) Payment by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card (office or online only)		
<i>I certify the above information is complete and accurate. Any deviations from the above submitted information may require additional permits to be obtained. I acknowledge and agree to these terms.</i>			
Name: _____ Date: _____			