

Fee \$100

Payable to Town of Oshkosh

Town of Oshkosh

General Zoning Permit Application

Today's Date: _____ Office Use Zoning ID Number _____

Property Owner: _____

Applicant/Builder: _____

Mailing Address:: _____ City/State/Zip _____

Phone: _____ Cell: _____ Email _____

Construction Site Address: _____

Parcel ID _____ Lot size: _____ Zoning: _____ Existing Use: _____ Vacant: Y ___ N ___

Describe Existing Structure(s): _____

Sq footage of house: _____ Sq footage of accessory structures _____

PROPOSED CONSTRUCTION

Proposed start date: _____

USE: Principal _____ Accessory _____ Res _____ Com/Ind _____ Ag _____ Other _____

Type: New _____ Addition _____ Alteration _____ Other _____ (explain)

Describe Proposed Construction: _____

1st Floor: Wall Hgt _____ Size _____ Sq Ft _____

2nd Floor: Wall Hgt _____ Size _____ Sq Ft _____

Other: Wall Hgt _____ Size _____ Sq Ft _____

Garage: Wall Hgt _____ Size _____ Sq Ft _____ ☐ attached ☐ detached

Overall Structure Height: _____ Mid-Peak Height: _____

Estimated Cost _____ Site Plan included ☐ Yes ☐ No Walk-Out Basement: ☐ Yes ☐ No ☐ N/A

Owner/Agent Signature: _____ **Date:** _____

Print Signature Name: _____

I hereby acknowledge the above construction meets town zoning code and that the proper fee was paid.

Issued by: _____ Zoning Admin Date: _____

NOTE: The Building Permit (if required) for this project will be issued by the building inspector for the Town of Oshkosh.

FOR OFFICE USE ONLY

Payment received by check #_____ or online/CC ☐

Current Zoning:_____ **Future Land Use**_____

Overlays: Shore Land_____ Wet Land_____ Flood Plain_____ SWDD_____

Sewer Y N **Sanitary District:**_____

Updating Y N

New Y N

Sanitary Permit #_____ **Date:**_____ **Issued by:**_____

SETBACKS

Principal

Street_____ Rear_____

Side_____ Side_____

Shore_____ Other_____

Accessory

Street_____ Rear_____

Side_____ Side_____

Shore_____ Other_____