

Village of Cochrane

BUILDING PERMIT APPLICATION

Date: _____ Permit Fee: _____ NO: _____

Name: _____

Street Address: _____

Type of work to be done: _____

Approximate Cost: _____ Approximate completion date: _____

Name of Contractor: _____

If homeowner is doing their own construction please claim "SELF" as the contractor

If new addition or new building, attach blueprint and answer the following:

Type of addition/building: _____ Size of addition/building: _____

Materials to be used for addition/building: _____

Owner signature: _____ Phone Number: _____

Building Committee Approval: _____

Date Approved _____ Expiration Date: _____

All plans, specifications, and work completed must be in accordance with all Village of Cochrane Ordinances, and State of Wisconsin laws, orders & building codes.