

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.