

**Town of Oshkosh**  
**Zoning Permit Form**

Today's Date: \_\_\_\_\_ Fee Paid \_\_\_\_\_ ID Number \_\_\_\_\_

Property Owner: \_\_\_\_\_ Send to \_\_\_\_\_

Applicant/Builder: \_\_\_\_\_ Send to \_\_\_\_\_

Address to be mailed to: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

Construction Site Address: \_\_\_\_\_

Parcel ID \_\_\_\_\_ Lot size: \_\_\_\_\_ Zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_ Vacant: Y \_\_\_ N \_\_\_

Describe Existing Structures: \_\_\_\_\_

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: \_\_\_\_\_

1<sup>st</sup> Floor: Wall Hgt \_\_\_\_\_ Size \_\_\_\_\_ Sq Ft \_\_\_\_\_

2<sup>nd</sup> 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

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Issued by: \_\_\_\_\_ 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**

**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\_\_\_\_\_