

OAKLEY TOWN BUILDING PERMIT APPLICATION

PHONE 783-5734 NOTE: 24 hours notice is required for all inspections.

Owner of Property		Phone	
Mailing Address		City	
Bldg. Address			
Proposed Use of Structure			
Lot #	Plat	Subd. Name	
Property Location			
Total Property Area in Acres or Sq. Ft.		Total Bldg. Site Area Used	
Date of Application		Date Work Begins	
Previous Use of Land or Structure			
Dwell Units Now on Lot		Assessory Bldgs. Now on Lot	
Type of Improvement/Kind of Const.			
<input type="checkbox"/> Sign <input type="checkbox"/> New Construction <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish			
No. of Offstreet Parking Spaces:			
Covered		Uncovered	
Architect or Engineer		Phone	
Business Name-Address		Business Lic. No.	
General Contractor		Phone	
Business Address		State Lic. No.	City/Co. Lic. No.
Electrical Contractor		Phone	
Business Address		City/Co. Lic. No.	
Plumbing Contractor		Phone	
Business Address		City/Co. Lic. No.	
Mechanical Contractor		Phone	
Business Address		City/Co. Lic. No.	

Receipt No.	Date Issued	Permit Number
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BUILDING FEE SCHEDULE

Square Ft. of Building		Valuation
Main Floor		Building Fees
<input type="checkbox"/> Finish Basement		Plan Check Fees
Carport Sq. Ft.		Electrical Fees
Garage Sq. Ft.		Plumbing Fees
Other		Mechanical Fees
Type of Bldg.		Water
No. of Dwellings	No. of Bldgs.	Sewer
	No. of Stories	Storm Sewer
Occ. Group		Moving or Demo
Type of Construction		Temporary Conn.
<input type="checkbox"/> Frame <input type="checkbox"/> Brick Ven. <input type="checkbox"/> Log		Reinspection
<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel		R Value Roof
Max. Occ. Load		R Value Walls
Roof Snow Load psf		
No. of Bedrooms		
Fire Sprinklers Reg. <input type="checkbox"/> Yes <input type="checkbox"/> No		Total

Make all checks payable to Oakley Town
Plan Chk OK by _____

Building Inspector Signature _____

SPECIAL APPROVALS AND REQUIREMENTS

Special Approvals	Required	Received	Not Req.
Board of Adjustment			
Conditional Use			
Fire Dept.			
Soil Report			
Water or Well Permit			
Sewer or Septic Tank			
Road Department			
Road Approach Permit			
Other (specify)			
Bond			
Address			

Must be Posted prior to Occupancy

Special Requirements or Comments:

NOTICE:

Construction may require installation of underground utilities Oakley Town will not allow open excavation of roadways after October 1st.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

Signature of Contractor or Authorized Agent _____ Date _____

Signature of Owner (if Owner) _____ Date _____

ZONING APPROVAL

Use/Structure is Permitted _____	Zone _____	Approved by _____
Non Conforming _____		
Conditional _____		

MINIMUM SETBACKS

SETBACK FOR SIDE ALONG STREET SHALL BE SAME AS FRONT SETBACK.

*Whichever Distance is Greater.

