

TOWN OF BLACK WOLF BUILDING REGISTRATION

Additions, Remodels, Wrecking, including Electrical Change

No. _____ Date _____ Parcel No. _____	Work Consists of Addition or Remodeling _____
Owner _____	Wrecking _____ Foundation _____ Sprinklers _____
Address _____	Sign _____ Fence _____ Moving _____
Est. Cost _____	Other _____

Description of Work _____

SETBACKS FRONT REAR LEFT RIGHT

Contractor's Name <input type="checkbox"/> Const <input type="checkbox"/> Elect <input type="checkbox"/> HVAC <input type="checkbox"/> Plumb	Lie/Cert#	Mailing Address	Telephone No.
Contractor's Name <input type="checkbox"/> Const <input type="checkbox"/> Elect <input type="checkbox"/> HVAC <input type="checkbox"/> Plumb	Lie/Cert#	Mailing Address	Telephone No.
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Contractor's Name <input type="checkbox"/> Const <input type="checkbox"/> Elect <input type="checkbox"/> HVAC <input type="checkbox"/> Plumb	Lie/Cert#	Mailing Address	Telephone No.

Dwelling Contractor Qualifier Certification # _____

All registrants must contact Zoning Administrator,
 Tom Versteegen, at 920.379.3081,
 before starting any work.
 The Zoning Administrator will guide you to contact the County department if required.

Winnebago County Zoning Department
 at 920.236.4844

Submit registration by mail to:

380 E. Black Wolf Ave Oshkosh, WI 54902

Owner or Agent accepts full responsibility for the work completed. The above described work to be done in accordance with all the other ordinances of the Town of Black Wolf and State Building Code of Wisconsin.

Owner or Agent for _____

Phone _____

