



# TOWN OF BLACK WOLF

## BUILDING REGISTRATION

Additions, Remodels, Wrecking,  
Pole Shed, Storage Shed, 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="radio"/> Const <input type="radio"/> Elect <input type="radio"/> HVAC <input type="radio"/> Plumb				
Lic/Cert#		Mailing Address		Telephone No.
Contractor's Name <input type="radio"/> Const <input type="radio"/> Elect <input type="radio"/> HVAC <input type="radio"/> Plumb				
Lic/Cert#		Mailing Address		Telephone No.
Contractor's Name <input type="radio"/> Const <input type="radio"/> Elect <input type="radio"/> HVAC <input type="radio"/> Plumb				
Lic/Cert#		Mailing Address		Telephone No.
Contractor's Name <input type="radio"/> Const <input type="radio"/> Elect <input type="radio"/> HVAC <input type="radio"/> Plumb				
Lic/Cert#		Mailing Address		Telephone No.
Dwelling Contractor Qualifier Certification # _____				

**All registrants must contact Zoning  
Administrator before starting any  
work.**

Tom Verstegen 920.379.3081

A County Issued Erosion Control  
Permit is required if:

- structures/residential additions over 1000 sq. ft.
- land disturbances over 4000 sq. ft.
  - fill over 400 cubic yards
- new ag buildings/additions over 4000 sq. ft.
- driveways over 125' long

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.*

Checklist for submission:

- \_\_\_\_ Contact Tom Verstegen
- \_\_\_\_ Town Zoning Permit Verification YES/NO
- \_\_\_\_ Contact County for applicable required permits

Owner or  
Agent for \_\_\_\_\_

Phone \_\_\_\_\_

# TOWN OF BLACK WOLF ZONING PERMIT APPLICATION FORM

**\$25 Zoning Permit Fee (6/06)**

Office: 920 688-1404

(TOWN USE ONLY)

tom@townofblackwolf.com

PROPERTY OWNER \_\_\_\_\_ Send to \_\_\_\_\_

APPLICANT/BUILDER \_\_\_\_\_ Send to \_\_\_\_\_

Permit to be mailed to: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tax Parcel No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

CONSTRUCTION SITE ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_

Sec. \_\_\_\_\_ T \_\_\_\_\_ N \_\_\_\_\_ R \_\_\_\_\_ E \_\_\_\_\_ Lot Size \_\_\_\_\_

Zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_

Existing Structures (Describe): \_\_\_\_\_ Sq. footage of house \_\_\_\_\_

Sq. footage of accessory structures \_\_\_\_\_

## PROPOSED CONSTRUCTION

USE: Principal \_\_\_\_\_ Accessory \_\_\_\_\_

Res. \_\_\_\_\_ Com/Ind \_\_\_\_\_ AGI \_\_\_\_\_ Other \_\_\_\_\_

Type: New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Other \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

Basement: Height \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
1<sup>st</sup> Floor: Height \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

2<sup>nd</sup> Floor Height \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Garage: Height \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

ATTACHED \_\_\_\_\_ DETACHED \_\_\_\_\_

OWNER/AGENT

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Town of \_\_\_\_\_

Parcel No. \_\_\_\_\_

Building Inspector \_\_\_\_\_

Building Permit Issued \_\_\_\_\_ Permit # \_\_\_\_\_ Fee \_\_\_\_\_

Date of Completion \_\_\_\_\_

\_\_\_\_\_

Basic Zoning District \_\_\_\_\_

SL \_\_\_\_\_ FP \_\_\_\_\_ WL \_\_\_\_\_ AIR \_\_\_\_\_ None \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

Sewered \_\_\_\_\_ Private: Update \_\_\_\_\_ New \_\_\_\_\_ N/A \_\_\_\_\_

Sanitary Permit No. \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Sanitary Inspector's Approval \_\_\_\_\_

Setbacks: Street \_\_\_\_\_ Side \_\_\_\_\_

Rear/Shore \_\_\_\_\_ Other \_\_\_\_\_

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

Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Do you need a culvert? Road Access Permit Fee Paid? \_\_\_\_\_

NOTES: \_\_\_\_\_

PENDING

Date: \_\_\_\_\_ Reason: \_\_\_\_\_