



City of Onalaska - Building Permit

Phone: (608) 781-9541 ■ Fax: (608) 781-9506

415 Main St. Onalaska, WI 54650

<http://www.cityofonalaska.com>

If incomplete, no further processing of the application will occur until the deficiencies are corrected. All permit applications are valid for one (1) year upon payment of non-refundable fees. Any extensions to the one (1) year time frame are subject to approval by the Common Council.

All Trades estimated project costs are required (labor & materials): Building Cost: \$ _____
(If the amounts are left blank - the permit will not be processed)

Electrical Cost: \$ _____ Plumbing Cost: \$ _____ HVAC Cost: \$ _____

Address of Project: _____

Owner/Occupant Name: _____ Phone: _____

General Contractor Name (if different from above): _____

Electrical Contractor: _____

Plumbing Contractor: _____

HVAC Contractor: _____

Residential Project: ___ OR Commercial Project: ___ SF of Bldg/House: _____ SF of Work Area: _____

Description of Work: _____

PERMIT FEES:

Building Fee: \$ _____ Electrical Fee: \$ _____ Plumbing Fee: \$ _____

HVAC Fee: \$ _____ Total Permit Fee: \$ _____

La Crosse Sanitary Sewer Fee: \$ _____ (new build/connections – separate payment required)

The undersigned hereby makes an application for the location stated herein. The undersigned agrees that all work shall be done in accordance with the requirements of the City of Onalaska Unified Development Code /Building Codes and with all other applicable City Ordinances and the laws and regulations of the State of Wisconsin. The undersigned acknowledges and agrees that the issuance of the permit creates no legal liability expressed or implied, on the Department of Inspection or this Municipality; and certifies that all the above information is accurate to the best of their knowledge. As a further condition of this permit, the undersigned owner or owner's agent, hereby consents to entry of the premises described hereon, by the Inspection Department, at all reasonable hours, for the purpose of inspection.

By: _____

General Contractor (Print)

Date: _____

Signature: _____

General Contractor

UDC Qualifier# _____

UDC Contractor# _____

Address: _____

Phone # _____

Email Address: _____

Electronic Notification: YES _____ NO _____

If project is over 25,000 cubic feet or larger – State Plan Review is required.

Supervising Professional Name & Email: _____