

Village of Cochrane
Marcia Drysdale, Clerk - Treasurer
P.O. Box 222
Cochrane, WI 54622

VILLAGE OF COCHRANE
BUILDING PERMIT APPLICATION

FILL OUT COMPLETELY

* PERMIT FEE \$20 * DATE _____ NO. _____

* NAME _____

* STREET ADDRESS _____

* TYPE OF WORK TO BE DONE _____

Plans and specifications submitted must be in accordance with Ordinances No. 34 and 35 of the Village of Cochrane, and with all State laws, orders and building codes.

IF AN ADDITION OR NEW BUILDING, ATTACH BLUEPRINT AND ANSWER THE FOLLOWING:

TYPE OF BUILDING _____ SIZE OF BUILDING _____

MATERIALS TO BE USED FOR BUILDING _____

* APPROXIMATE COST \$ _____

APPROXIMATE COMPLETION DATE _____

ADDITIONAL COMMENTS _____

If claiming "SELF" as the contractor:
Any homeowner doing their own
construction shall accept liability and
shall be exempt from this ordinance.

* NAME OF CONTRACTOR
Village Approved _____

* OWNER SIGNATURE _____

BUILDING COMMITTEE APPROVAL _____

DATE APPROVED _____ EXPIRATION DATE _____

FAX 608-248-2438