


W.P.O.A. BUILDING PERMIT APPLICATION




 Property Owner: _____
Address _____


General Contractor: _____
Address _____

**SAMPLE FORM FOR INFORMATION ONLY
PICK-UP USABLE COPY AT WPOA OFFICE**




 _____




 Phone: () _____ () _____



 Lot Number: _____


Date Submitted: _____



 Number of Stories: _____

First Floor Area: _____



 House Straddle Lot Line: _____



PROJECT PERMIT FEE

 Type Project: New Residence: _____

Garage: _____ Deck: _____



 Addition: _____


Fence: _____ Dock: _____



 Storage: _____

Other: _____ Repair or Replacement: _____




 Excavation _____




 Amount of Fees: Building Permit Fee: _____

Cash: _____ Check No.: _____




 *Building Permit Deposit: _____




 Water & Sewer District Fees: _____

Cash: _____ Check No.: _____




 Paid By: _____




 FOR INSPECTIONS PLEASE CALL 937-446-3232 (OFFICE). INSPECTIONS MUST BE SCHEDULED A MINIMUM OF 24 HOURS IN ADVANCE. THIS DOCUMENT IS TO BE POSTED AT THE JOB SITE IN A CONSPICUOUS LOCATION PROTECTED FROM THE WEATHER. A RESPONSIBLE PERSON MUST BE PRESENT AT ALL INSPECTIONS.



 I (WE) HAVE READ AND UNDERSTAND THE WPOA BUILDING CODE AND AGREE TO COMPLY WITH THEM. IT IS FURTHER UNDERSTOOD THAT NO OCCUPANCY WILL BE PERMITTED UNTIL THE FINAL INSPECTION SHALL HAVE BEEN MADE AND APPROVED. THIS REQUIRES, IN ADDITION, THAT ALL CONSTRUCTION TRASH IS REMOVED FROM THE SITE. UNUSED MATERIALS MUST BE REMOVED FROM THE SITE OR STORED NEATLY IN AN UNOBTRUSIVE LOCATION.




 SIGNED: Date: _____ Owner: _____




 Date: _____ Builder: _____




 I UNDERSTAND AND AGREE THAT BUILDING PERMIT DEPOSITS WILL BE HELD IN ESCROW BY WPOA INTEREST FREE, UNTIL ALL INSPECTIONS REQUIRED BY THE WPOA BUILDING CODE ARE APPROVED AND ALL OTHER BUILDING CODE REQUIREMENTS ARE MET.



 DEPOSITS WILL BE CONSIDERED FORFEITED IF AND WHEN ANY VIOLATIONS OCCUR AND LEGAL ACTION IS INITIATED IN ORDER TO CORRECT ANY NON-CONFORMING ISSUE(S). IT IS THE PROPERTY OWNER'S RESPONSIBILITY AND THE CONTRACTOR(S) RESPONSIBILITY TO KNOW AND UNDERSTAND THE REQUIREMENTS.



 *OWNER'S SIGNATURE BELOW INDICATES THEY HAVE READ THE RESTRICTIVE COVENANTS AND RULES AND REGULATIONS FOR THE WAYNOKA PROPERTY OWNERS ASSOCIATION REGARDING ZONING/BUILDING REQUIREMENTS ALONG WITH THE WPOA RECOMMENDATIONS. REMEMBER THE BUILDING CONTRACT IS BETWEEN THE OWNER AND CONTRACTOR, NOT BETWEEN THE WPOA AND THE CONTRACTOR.*



 _____
OWNER SIGNATURE DATE





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PLAN EXAMINER COMMENTS:



PROJECT REVIEW:



Certificate Number: _____

Approval Date: _____



Plan Examiner: _____

WPOA Mgr. _____



INSPECTION RECORD: * Footers: _____

*Framing: _____



Plumbing Rough In: _____

Electrical Rough In: _____



Drywall: _____

Plumbing Final: _____



Electrical Final: _____

W.R.W.S.D. System: _____



*Final Inspection: _____



* Inspections done by both WPOA and Brown County.



Revised 11/6/2013; 08/28/2017,1/10/2018

