



CANOPY AND AWNING PERMIT GUIDE

CITY OF WAUPACA

Apply for the Permit

Please plan ahead when applying for your permit. We suggest that you apply for the permit a minimum of 2 weeks prior to your start date.

Make sure all of the required information is included and submit to the Department by email: cedinfo@cityofwaupaca.org





**CITY OF WAUPACA
DEPARTMENT OF INSPECTION
111 S. MAIN STREET
WAUPACA, WI 54981
PHONE: 715-258-4404 · FAX: 715-258-4426**

DATE: _____

APPLICATION FOR CANOPY AND AWNING PERMIT

APPLICANT'S NAME*: _____ PHONE NO: _____
MAILING ADDRESS: _____ EMAIL ADDRESS: _____
ASSOCIATION TO PROPERTY OWNER: _____

PROPERTY OWNER'S NAME: _____ PHONE NO: _____
MAILING ADDRESS: _____ EMAIL ADDRESS: _____

CONTRACTOR'S NAME: _____ PHONE NO: _____ LICENSE NO: _____
MAILING ADDRESS: _____ EMAIL ADDRESS: _____

PROJECT LOCATION:

Project Address: _____
Parcel No: _____
Zoning District(s): _____
Estimated Cost \$: _____

PROJECT TYPE:

- New Construction
- Addition
- Alteration
- Move

Does the canopy/awning extend over a City right of way? Yes¹ No If yes, attach a copy of your Liability Insurance Policy.

NOTICE: A City of Waupaca permit only authorizes construction/use pursuant to City ordinances and regulations. The construction/use contemplated by this application may require approvals and/or permits under County or State rules, regulations and ordinances. It is the sole responsibility of the owner/applicant to obtain such approvals/permits. Applicant certifies that the above information is accurate. A permit is void if issued in error or under a misstatement of fact.

***IF TENANT IS APPLYING FOR PERMIT, A SIGNATURE IS NEEDED FROM PROPERTY OWNER ALLOWING PROJECT.**

APPLICANT'S SIGNATURE: _____ DATE: _____
PROPERTY OWNER'S SIGNATURE (IF APPLICABLE): _____ DATE: _____

If electrical work is to be done, an electrical permit is required. Please complete the following section.

ELECTRICAL CONTRACTOR: _____ PHONE NO: _____
MAILING ADDRESS: _____ EMAIL ADDRESS: _____
MASTER ELECTRICIAN LICENSE #: _____ EXPIRATION DATE: _____
ELECTRICAL CONTRACTOR LICENSE #: _____ EXPIRATION DATE: _____

FOR OFFICE USE ONLY: FEE: _____ PAID: _____ DATE: _____ INITIALS: _____