



CITY OF WAUSAU
CENTRAL BUSINESS DISTRICT OBSTRUCTION PERMIT

Permit Fee: \$20 (Make check payable to the City of Wausau and submit with this application)

APPLICANT _____ **PHONE NUMBER** _____

MAILING ADDRESS _____

ADDRESS OF PROPERTY _____

DETAILED DESCRIPTION OF PROPOSED OBSTRUCTION (Attach photographs, drawings, sketches and other descriptive information.) _____

EXACT LOCATION OF PROPOSED OBSTRUCTION (Describe and show a brief sketch with dimensions from existing buildings and other fixed objects.) _____

INSURANCE COMPANY AND AGENCY _____

LIMITS OF LIABILITY INSURANCE (million dollar plain liability required) _____

A copy of an insurance certificate must be attached to this permit.

**ACTION BY PUBLIC
HEALTH AND SAFETY COMMITTEE**

- PERMIT DENIED

- PERMIT APPROVED (THIS PERMIT IS VALID FROM JULY 1 THROUGH JUNE 30 OF THE CURRENT YEAR)

- PERMIT APPROVED WITH CONDITIONS (THIS PERMIT IS VALID FROM JULY 1 THROUGH JUNE 30 OF THE CURRENT YEAR)

SPECIAL CONDITIONS

I UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS.

APPLICANT SIGNATURE

DATE SIGNED

CHIEF INSPECTOR/ZONING ADMINISTRATOR

DATE SIGNED