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| Wisconsin Division of Safety and Buildings | | WISCONSIN UNIFORM BUILDING PERMIT APPLICATION | | | | Application No. | |
| Wisconsin Stats. 101.63, 101.73 | | Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))] | | | | Parcel No. | |
| PERMIT REQUESTED | | <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other: | | | | | |
| Owner's Name | | | Mailing Address | | | Tel. | |
| Contractor Name & Type | | | Lic/Cert# | Mailing Address | | Tel. & Fax | |
| Dwelling Contractor (Constr.) | | | | | | | |
| Dwelling Contr. Qualifier | | | | The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr. | | | |
| HVAC | | | | | | | |
| Electrical | | | | | | | |
| Plumbing | | | | | | | |
| PROJECT LOCATION | Lot area | Sq.ft. | <input type="checkbox"/> One acre or more of soil will be disturbed | _____ 1/4, _____ 1/4, of Section | , T | N, R | E (or) W |
| Building Address | | | Subdivision Name | | Lot No. | | Block No. |
| Zoning District(s) | | Zoning Permit No. | | Setbacks: | Front | Rear | Left |
| | | | | | ft. | ft. | ft. |
| 1. PROJECT | 3. OCCUPANCY | 6. ELECTRIC | 9. HVAC EQUIP. | 12. ENERGY SOURCE | | | |
| <input type="checkbox"/> New <input type="checkbox"/> Repair | <input type="checkbox"/> Single Family | Entrance Panel | <input type="checkbox"/> Furnace | Fuel | Nat Gas | LP | Oil |
| <input type="checkbox"/> Alteration <input type="checkbox"/> Raze | <input type="checkbox"/> Two Family | Amps: _____ | <input type="checkbox"/> Radiant Basebd | Space Htg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Addition <input type="checkbox"/> Move | <input type="checkbox"/> Garage | <input type="checkbox"/> Underground | <input type="checkbox"/> Heat Pump | Water Htg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Overhead | <input type="checkbox"/> Boiler | <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity. | | | |
| 2. AREA INVOLVED (sq ft) | 4. CONST. TYPE | 7. WALLS | <input type="checkbox"/> Central AC | 13. HEAT LOSS | | | |
| | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Steel | <input type="checkbox"/> Fireplace | | | | |
| | <input type="checkbox"/> Site-Built | <input type="checkbox"/> ICF | <input type="checkbox"/> Other: | | | | |
| | <input type="checkbox"/> Mfd. per WI UDC | <input type="checkbox"/> Timber/Pole | 10. SEWER | _____ BTU/HR Total Calculated | | | |
| | <input type="checkbox"/> Mfd. per US HUD | <input type="checkbox"/> Other: | <input type="checkbox"/> Municipal | Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; | | | |
| Unfin. Bsmt | 5. STORIES | 8. USE | <input type="checkbox"/> Sanitary Permit# | "Total Building Heating Load" on Rescheck report) | | | |
| Living Area | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | _____ | 14. EST. BUILDING COST w/o LAND | | | |
| Garage | <input type="checkbox"/> 2-Story | <input type="checkbox"/> Permanent | 11. WATER | \$ | | | |
| Deck | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Municipal | | | | |
| Totals | <input type="checkbox"/> Plus Basement | | <input type="checkbox"/> On-Site Well | | | | |
| I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. | | | | | | | |
| <input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply. | | | | | | | |
| APPLICANT'S SIGNATURE _____ | | | | DATE SIGNED _____ | | | |
| APPROVAL CONDITIONS | | This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval. | | | | | |
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| ISSUING JURISDICTION | | <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State→ | | State-Contracted Inspection Agency#: | | Municipality Number of Dwelling Location | |
| | | | | | | _____ - _____ | |
| FEES: | | PERMIT(S) ISSUED | WIS PERMIT SEAL # | PERMIT ISSUED BY: | | | |
| Plan Review | \$ _____ | <input type="checkbox"/> Construction | | Name _____ | | | |
| Inspection | \$ _____ | <input type="checkbox"/> HVAC | | Date _____ Tel. _____ | | | |
| Wis. Permit Seal | \$ _____ | <input type="checkbox"/> Electrical | | Cert No. _____ | | | |
| Other | \$ _____ | <input type="checkbox"/> Plumbing | | | | | |
| Total | \$ _____ | <input type="checkbox"/> Erosion Control | | | | | |