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|---|--|---|------------------------|--|------------------------|---|--|
| Wisconsin Division of Safety & Buildings | | WISCONSIN UNIFORM BUILDING PERMIT APPLICATION | | | Application/Permit No. | | |
| Wisconsin Stats.101.63, 101.73 | | The information you provide may be used by other government agency programs [Privacy Law, s.15.04(1)(m)] | | | Parcel No. | | |
| PERMIT REQUEST <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumb. <input type="checkbox"/> Erosion Control Other: _____ | | | | | | | |
| Owner's Name | | Mailing Address | | | Telephone | | |
| Contractor <input type="checkbox"/> Con <input type="checkbox"/> Elc <input type="checkbox"/> Hvac <input type="checkbox"/> Plbg | | Lic/Cert# | Mailing Address | | Tel. | | |
| | | | | | Fax | | |
| Contractor <input type="checkbox"/> Con <input type="checkbox"/> Elc <input type="checkbox"/> Hvac <input type="checkbox"/> Plbg | | Lic/Cert# | Mailing Address | | Tel. | | |
| | | | | | Fax | | |
| Contractor <input type="checkbox"/> Con <input type="checkbox"/> Elc <input type="checkbox"/> Hvac <input type="checkbox"/> Plbg | | Lic/Cert# | Mailing Address | | Tel. | | |
| | | | | | Fax | | |
| PROJECT | | Lot Area | | _____ 1/4, _____ 1/4, of section _____, T _____ N., R _____ E (or) W | | | |
| : _____ | | Sq.ft. _____ | | | | | |
| Project Address: | | Subdivision Name: | | Lot No. | Block No./Name | | |
| Zoning District(s) | | Zoning Permit No. | | Setbacks: | | | |
| | | | | Front | Rear | Left | |
| | | | | ft. | ft. | ft. | |
| | | | | ft. | ft. | ft. | |
| 1. PROJECT | | 3. OCCUPANCY | | 6. ELECTRICAL | | 9. HAVC EQUIPM. | |
| <input type="checkbox"/> New <input type="checkbox"/> Repair | | <input type="checkbox"/> Single Family | | Entrance Panel: | | N.Gas LP Oil Elec Solid Solar | |
| <input type="checkbox"/> Alter <input type="checkbox"/> Move | | <input type="checkbox"/> Two Family | | Amps: _____ | | Space <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| <input type="checkbox"/> Additior <input type="checkbox"/> Wreck | | <input type="checkbox"/> Garage | | <input type="checkbox"/> Underground | | Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Other: | | <input type="checkbox"/> Overhead | | <input type="checkbox"/> Dwelling unit has 3 kilowatt or more | |
| | | | | | | in electric space heating equip.capacity | |
| 2. AREA INVOLVED | | 4. CONST. TYPE | | 7. FOUNDATION | | 10. SEWER | |
| Unfin.Bsm. _____ sq.ft. | | <input type="checkbox"/> Site-Built | | <input type="checkbox"/> Concrete | | <input type="checkbox"/> Municipal | |
| Living Area _____ sq.ft. | | <input type="checkbox"/> Mfd: <input type="checkbox"/> WI.UDC | | <input type="checkbox"/> Masonary | | <input type="checkbox"/> Sanitary Permit No. | |
| Garage _____ sq.ft. | | <input type="checkbox"/> US.HUD | | <input type="checkbox"/> Treated Wood | | | |
| Deck _____ sq.ft. | | 5. STORIES | | <input type="checkbox"/> Other: | | 13. HEAT LOSS | |
| | | <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story | | 8. USE | | _____ BTU/HR total calculated | |
| | | <input type="checkbox"/> Other | | <input type="checkbox"/> Seasonal | | envelope & infiltration losses "max.allowable | |
| | | <input type="checkbox"/> Plus Basement | | <input type="checkbox"/> Permanent | | heating equipm.output on energy worksheet; | |
| | | | | 11. WATER | | Total bldg.heat load on WI.check report | |
| | | | | <input type="checkbox"/> Municipal Utility | | 14. EST.BUILDING COST | |
| | | | | <input type="checkbox"/> Private 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 I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply. 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. | | | | | | | |
| 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. | | | | | | | |
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| ISSUING JURISDICTION | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State Inspection Agency#: | | | | Municipality Number: 38 - 171 | |
| FEES: \$ 10.00 | | REC.# | | PERMIT(S) ISSUED | | WI.PERMIT SEAL | |
| Plan Review <input type="checkbox"/> | | | | <input type="checkbox"/> Construction | | Name _____ | |
| Inspection <input type="checkbox"/> | | | | <input type="checkbox"/> HVAC | | Date _____ | |
| Other <input type="checkbox"/> | | | | <input type="checkbox"/> Electrical | | Title _____ | |
| Total \$ | | Cash or _____ | | <input type="checkbox"/> Plumbing | | | |
| | | Ck.# _____ | | <input type="checkbox"/> Erosion Control | | | |

