

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	WISCONSIN UNIFORM BUILDING PERMIT APPLICATION Instructions on back of first ply. The information you provide may be used by other government agency programs (Privacy Law, s. 15.04 (1)(m))	Application No. Parcel No.
--	---	-----------------------------------

PERMIT REQUESTED	<input type="checkbox"/> Construction <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's Name: (Contractor)	Lic/Cert#	Mailing Address
		Tel.
		FAX
Contractor's Name: (Electrical)	Lic/Cert#	Mailing Address
		Tel.
		FAX
Contractor's Name: (Plumbing)	Lic/Cert#	Mailing Address
		Tel.
		FAX
Contractor's Name: (HVAC)	Lic/Cert#	Mailing Address
		Tel.
		FAX

PROJECT LOCATION	Lot area	Sq. ft.	_____ 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	Right
			ft.	ft.	ft.	ft.

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE						
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioner <input type="checkbox"/> Other:	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar
				Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.						
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	13. HEAT LOSS						
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Total _____ Sq Ft.	<input checked="" type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: X WI UDC <input type="checkbox"/> U.S. HUD 5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic Permit No.:	_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Wischeck report)						
		8. USE	11. WATER	14. EST. BUILDING COST						
		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal Utility <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.

ISSUING JURISDICTION	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City:	<input type="checkbox"/> State of:	Municipality Number of Dwelling Location
-----------------------------	---	------------------------------------	--

FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion	# _____	Name _____ Date _____ Telephone No.: _____ Cert No. _____