

Wisconsin Division of Industry Services Wisconsin Stats. 101.63, 101.73	WISCONSIN UNIFORM BUILDING PERMIT APPLICATION 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))]	Application No. _____ Parcel No. _____
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name	Mailing Address	Tel.
Contractor Name & Type	Lic/Cert#	Mailing Address
Dwelling Contractor (Constr.)		Tel. & Fax
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. One acre or more of soil will be disturbed Town Village City of _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W

Building Address _____ County _____ Subdivision Name _____ Lot No. _____ Block No. _____

Zoning District(s) _____ Zoning Permit No. _____ **Setbacks:** Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

1. PROJECT	3. OCCUPANCY	6. ELECTRIC	9. HVAC EQUIP.	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 7. WALLS <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC Fireplace <input type="checkbox"/> Other:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec</td> <td style="width:10%;">Solid</td> <td style="width:10%;">Solar Geo</td> </tr> <tr> <td>Space Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Water Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo	Space Htg							Water Htg									
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Space Htg																												
Water Htg																												
2. AREA INVOLVED (sq ft)	4. CONST. TYPE	8. USE	10. SEWER	13. HEAT LOSS																								
<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;"></th> <th style="width:10%;">Unit 1</th> <th style="width:10%;">Unit 2</th> <th style="width:10%;">Total</th> </tr> <tr> <td>Unfin. Bsmt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Living Area</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deck/Porch</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> <td></td> </tr> </table>		Unit 1	Unit 2	Total	Unfin. Bsmt				Living Area				Garage				Deck/Porch				Totals				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US 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"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____ 11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)
	Unit 1	Unit 2	Total																									
Unfin. Bsmt																												
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Garage																												
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Totals																												
				14. EST. BUILDING COST w/o LAND																								
				\$ _____																								

I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this 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.

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 of this form.

APPLICANT (Print:) _____ **Sign:** _____ **DATE** _____

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. See attached for conditions of approval.

ISSUING JURISDICTION Town of Village of City of County of State→ State-Contracted Inspection Agency#: _____ 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 Control		Name _____ Date _____ Tel. _____ Cert No. _____