

Wisconsin Division of Safety and Buildings 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. _____																								
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 _____																								
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert# _____																								
		Mailing Address _____																								
		Tel. _____																								
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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 _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.																								
1. PROJECT <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:		3. OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:																								
2. AREA INVOLVED (sq ft) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Unit 1</th> <th>Unit 2</th> <th>Total</th> </tr> </thead> <tbody> <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</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Unit 1	Unit 2	Total	Unfin. Bsmt				Living Area				Garage				Deck				Totals				6. ELECTRIC Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead 7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:
	Unit 1	Unit 2	Total																							
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Living Area																										
Garage																										
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Totals																										
4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		9. HVAC EQUIP. <input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:																								
5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:																								
		10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____																								
		11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well																								
		12. ENERGY SOURCE <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fuel</th> <th>Nat Gas</th> <th>LP</th> <th>Oil</th> <th>Elec</th> <th>Solid</th> <th>Solar</th> </tr> </thead> <tbody> <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> </tbody> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg							Water Htg									
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																				
Space Htg																										
Water Htg																										
		13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)																								
		14. EST. BUILDING COST w/o LAND \$ _____																								
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. 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 of approval.																										
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: Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ _____		PERMIT(S) ISSUED <input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control																								
		WIS PERMIT SEAL # _____																								
		PERMIT ISSUED BY: Name _____ Date _____ Tel. _____ Cert No. _____																								