

VILLAGE OF PORT EDWARDS 201 Market Ave Port Edwards, WI 54469		VILLAGE OF PORT EDWARDS COMMERCIAL APPLICATION		Application No. _____ Parcel No. _____																						
		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Fire Alarm																								
Owner's Name		Mailing Address		Telephone																						
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg		Lic/Cert#	Mailing Address	Tel.																						
				FAX																						
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				FAX																						
PROJECT LOCATION	Lot area 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.																					
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"/> Early Start <input type="checkbox"/> Temporary <input type="checkbox"/> Footing & Foundation <input type="checkbox"/> Other:	<input type="checkbox"/> Multi-Family <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Mfg. <input type="checkbox"/> S-Storage <input type="checkbox"/> A-Assembly <input type="checkbox"/> Other	Entrance Panel Amps: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <input type="checkbox"/> Volts <div style="background-color: yellow; text-align: center;">7. WALLS</div>	<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Baseboard <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Roof Top Units <input type="checkbox"/> Other <input type="checkbox"/> Grease Hood <div style="background-color: yellow; text-align: center;">10. SEWER</div> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit # _____ <input type="checkbox"/> Grease Trap	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		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"/>
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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
2. AREA INVOLVED (sq. ft.)	4. CONST. TYPE	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	13. FIRE PROTECTION																							
	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd per WI <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB	<div style="background-color: yellow; text-align: center;">8. USE</div> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Temp: <input type="checkbox"/> Other:	<div style="background-color: yellow; text-align: center;">11. WATER</div> <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well																							
	5. STORIES		14. ESTIMATED BUILDING COST																							
	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> 3-Story <input type="checkbox"/> Plus Basement <input type="checkbox"/> Other		<div style="background-color: yellow; text-align: center;">11. WATER</div> <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well																							
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 X Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State-WI PORT EDWARDS		Municipality Number of Dwelling Location _____																							
FEES:	PERMIT(S) ISSUED	ISSUED BY:																								
BUILDING ELECTRICAL PLUMBING HVAC OTHER TOTAL	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Smoke Alarm System	Name _____ Date _____ Telephone No. _____ Cert No. _____																								

COMMERCIAL APPLICATION PAGE 1 OF 1