

Dept of Safety & Professional Services Industry Services Division 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 _____			Tel. _____			
Contractor Name & Type _____		Lic/Cert# _____	Exp Date _____	Mailing Address _____	Telephone & Email _____			
Dwelling Contractor (Constr.) _____		_____	_____	_____	_____			
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.) _____		_____	_____	_____	_____			
HVAC _____		_____	_____	_____	_____			
Electrical Contractor _____		_____	_____	_____	_____			
Electrical Master Electrician _____		_____	_____	_____	_____			
Plumbing _____		_____	_____	_____	_____			
PROJECT LOCATION		Lot area _____ Sq.ft. <input type="checkbox"/> One acre or more of soil will be disturbed		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____ _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W				
Building Address _____		County _____		Subdivision Name _____		Lot 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: _____		6. ELECTRIC Entrance Panel _____ Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		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: _____		
2. AREA INVOLVED (sq ft)		4. CONST. TYPE		7. WALLS		12. ENERGY SOURCE		
	Unit 1	Unit 2	Total	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other: _____	Fuel Nat Gas LP Oil Elec Solid Solar Geo Space Htg <input type="checkbox"/> <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"/>		
Unfin. Bsmt				5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)		
Living Area			10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____			14. EST. BUILDING COST w/o LAND		
Garage			11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well			\$ _____		
Deck/Porch								
Totals								
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. <input type="checkbox"/> 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 second page 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. <input type="checkbox"/> See attached for conditions of approval.						
ISSUING JURISDICTION		<input type="checkbox"/> Town of _____ <input type="checkbox"/> County of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> State _____ <input type="checkbox"/> City of _____		State-Contracted Inspection Agency# _____		Municipality Number of Dwelling Location _____		
Fees:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:		
Plan Review	\$ _____	<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. _____ Email: _____		
Inspection	\$ _____							
Wis. Permit Seal	\$ _____							
Other	\$ _____							
Total	\$ _____							