

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. _____
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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.)		
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 _____ 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:	6. ELECTRIC Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead 7. WALLS <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	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:	12. ENERGY SOURCE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: none;">Fuel</td> <td style="border: none;">Nat Gas</td> <td style="border: none;">LP</td> <td style="border: none;">Oil</td> <td style="border: none;">Elec</td> <td style="border: none;">Solid</td> <td style="border: none;">Solar</td> </tr> <tr> <td style="border: none;">Space Htg</td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Water Htg</td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>													
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2. AREA INVOLVED (sq ft) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none;">Unit 1</th> <th style="border: none;">Unit 2</th> <th style="border: none;">Total</th> </tr> </thead> <tbody> <tr> <td style="border: none;">Unfin. Bsmt</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Living Area</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Garage</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Deck</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Totals</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </tbody> </table>		Unit 1	Unit 2	Total	Unfin. Bsmt				Living Area				Garage				Deck				Totals				4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per W1 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	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# _____	13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)
	Unit 1	Unit 2	Total																									
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				11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	14. EST. BUILDING COST w/o LAND \$ _____																							

I understand that I am subject to 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 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.

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 \$ _____	<input type="checkbox"/> Construction		Name _____
Inspection \$ _____	<input type="checkbox"/> HVAC		Date _____ Tel. _____
Wis. Permit Seal \$ _____	<input type="checkbox"/> Electrical		Cert No. _____
Other \$ _____	<input type="checkbox"/> Plumbing		
Total \$ _____	<input type="checkbox"/> Erosion Control		