

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	<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control Other: _____
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Owner's Name	Mailing Address	Tel.
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#
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg	Lic/Cert#	Mailing Address
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		Tel.
		FAX#

PROJECT LOCATION	Lot area	Sq. ft.	_____ 1/4, _____ 1/4, of Section	, T	N, R	E (or) W
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Building Address	Subdivision Name	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	Setbacks:	Front	Rear	Left	Right
			ft.	ft.	ft.	ft.

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	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	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other: _____	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar
				Space Htg						
				Water Htg						
				<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.						
				13. HEAT LOSS						
				_____ BTU/HR Total Calculated						
				Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)						
2. AREA INVOLVED	4. CONST. TYPE	7. FOUNDATION	10. SEWER	14. EST. BUILDING COST						
Unfin. _____ Sq Ft Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Deck _____ Sq Ft	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD	<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well \$ _____						
	5. STORIES	8. USE	11. WATER							
	<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 Utility <input type="checkbox"/> Private On-Site Well							

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 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 _____
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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 Inspection Agency #: _____	Municipality Number of Dwelling Location
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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. _____