

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73	<h2 style="margin:0;">Wisconsin Uniform Building Permit Application</h2> <p style="margin:0; font-size: small;">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))]</p>	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#	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
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Building Address	County	Subdivision Name	Lot No.	Block No.
Zoning District(s)	Zoning Permit No.	Setbacks:	Front _____ ft.	Rear _____ ft.
			Left _____ ft.	Right _____ ft.

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"/> 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"/> 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:	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo
		7. WALLS		Space Htg						
		<input type="checkbox"/> Wood Frame		Water Htg						
2. AREA INVOLVED (sq ft)	4. CONST. TYPE	<input type="checkbox"/> Steel		13. HEAT LOSS						
	<input type="checkbox"/> Site-Built	<input type="checkbox"/> ICF		_____ BTU/HR Total Calculated						
Unfin. Bsmt	<input type="checkbox"/> Mfd. per WI UDC	<input type="checkbox"/> Timber/Polc	10. SEWER	Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)						
Living Area	<input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Other:	<input type="checkbox"/> Municipal	14. EST. BUILDING COST w/o LAND						
Garage	5. STORIES	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Sanitary Permit# _____							
Dcck/ Porch	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Permanent	11. WATER							
Totals	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Other:	<input type="checkbox"/> Municipal							
	<input type="checkbox"/> Basement	<input type="checkbox"/> Other:	<input type="checkbox"/> On-Site Well	\$ _____						

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.

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. 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 _____
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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		Email: _____
Total \$ _____	<input type="checkbox"/> Erosion Control		