

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="font-size: small; margin:0;">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#	Mailing Address
Dwelling Contractor (Constr.)		Tel. & Fax
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     Town    Village    City of \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, of Section \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E/W

Building Address \_\_\_\_\_ County \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_

Zoning District(s) \_\_\_\_\_ Zoning Permit No. \_\_\_\_\_ Setbacks: Front \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft. Left \_\_\_\_\_ ft. Right \_\_\_\_\_ ft.

<b>1. PROJECT</b> <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: _____	<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	<b>6. ELECTRIC</b> Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <b>7. WALLS</b> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other: _____	<b>9. HVAC EQUIP.</b> <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: _____ <b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="7">12. ENERGY SOURCE</th> </tr> <tr> <th>Fuel</th> <th>Nat Gas</th> <th>LP</th> <th>Oil</th> <th>Elec</th> <th>Solid</th> <th>Solar Geo</th> </tr> <tr> <td>Space Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Water Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <b>13. HEAT LOSS</b> _____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)	12. ENERGY SOURCE							Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo	Space Htg							Water Htg						
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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 reverse side of the last ply 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**     Town of    Village of    City of    County of    State →    State-Contracted Inspection Agency#: \_\_\_\_\_    Municipality Number of Dwelling Location: \_\_\_\_\_

<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	<b>WIS PERMIT SEAL #</b>	<b>PERMIT ISSUED BY:</b>
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		