

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73	Wisconsin Uniform Building Permit Application	Application No. _____
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))]		Parcel No. _____

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
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 Space Htg <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"/>																					
2. AREA INVOLVED (sq ft)	4. CONST. TYPE	7. WALLS	10. SEWER	13. HEAT LOSS																					
<table border="1" style="width:100%; border-collapse: collapse;"><tr><th>Unit 1</th><th>Unit 2</th><th>Total</th></tr><tr><td>Unfin.</td><td></td><td></td></tr><tr><td>Bsmt</td><td></td><td></td></tr><tr><td>Living Area</td><td></td><td></td></tr><tr><td>Garage</td><td></td><td></td></tr><tr><td>Deck/ Porch</td><td></td><td></td></tr><tr><td>Totals</td><td></td><td></td></tr></table>	Unit 1	Unit 2	Total	Unfin.			Bsmt			Living Area			Garage			Deck/ Porch			Totals			<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI 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"/> Basement	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)
Unit 1	Unit 2	Total																							
Unfin.																									
Bsmt																									
Living Area																									
Garage																									
Deck/ Porch																									
Totals																									
		8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	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, 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 _____
-----------------------------	---	--	--	--

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. _____ Email: _____