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|--|---|---|
| Wisconsin Division of Safety and Buildings <input type="checkbox"/><br>Wisconsin Stats. 101.63, 101.73 | <b>WISCONSIN UNIFORM BUILDING PERMIT APPLICATION</b><br><b>Instructions on back of second ply.</b> The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))] | Application No. _____<br>Parcel No. _____ |
|--|---|---|

**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 \_\_\_\_\_ 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.

|   |  |  |   |   |                          |                          |    |     |             |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |  |   |   |  |
|---|--|--|---|---|--------------------------|--------------------------|----|-----|-------------|-------|-------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|---|---|--|
| <b>1. PROJECT</b><br><input type="checkbox"/> New <input type="checkbox"/> Repair<br><input type="checkbox"/> Alteration <input type="checkbox"/> Raze<br><input type="checkbox"/> Addition <input type="checkbox"/> Move<br><input type="checkbox"/> Other: _____  | <b>3. OCCUPANCY</b><br><input type="checkbox"/> Single Family<br><input type="checkbox"/> Two Family<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other: _____ | <b>6. ELECTRIC</b><br>Entrance Panel Amps: _____<br><input type="checkbox"/> Underground<br><input type="checkbox"/> Overhead<br><b>7. WALLS</b><br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Steel<br><input type="checkbox"/> ICF<br><input type="checkbox"/> Timber/Pole<br><input type="checkbox"/> Other: _____ | <b>9. HVAC EQUIP.</b><br><input type="checkbox"/> Furnace<br><input type="checkbox"/> Radiant Basebd<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Boiler<br><input type="checkbox"/> Central AC<br><input type="checkbox"/> Fireplace<br><input type="checkbox"/> Other: _____ | <b>12. ENERGY SOURCE</b><br><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> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></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> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity. | Fuel                     | Nat Gas                  | LP | Oil | Elec        | Solid | Solar | 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"/>   |   |   |  |
| Fuel  | Nat Gas  | LP   | Oil   | Elec  | Solid                    | Solar                    |    |     |             |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |  |   |   |  |
| 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"/> |    |     |             |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |  |   |   |  |
| <b>2. AREA INVOLVED (sq ft)</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: none;"></td> <td style="border: none;">Unit 1</td> <td style="border: none;">Unit 2</td> <td style="border: none;">Total</td> </tr> <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> </table> |  | Unit 1   | Unit 2  | Total   | Unfin. Bsmt              |                          |    |     | Living Area |       |       |           | Garage                   |                          |                          |                          | Deck                     |                          |           |                          | Totals                   |                          |                          |                          | <b>4. CONST. TYPE</b><br><input type="checkbox"/> Site-Built<br><input type="checkbox"/> Mfd. - WI UDC<br><input type="checkbox"/> Mfd. - US HUD<br><b>5. STORIES</b><br><input type="checkbox"/> 1-Story<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Plus Basement | <b>8. USE</b><br><input type="checkbox"/> Seasonal<br><input type="checkbox"/> Permanent<br><input type="checkbox"/> Other: _____ | <b>10. SEWER</b><br><input type="checkbox"/> Municipal<br><input type="checkbox"/> Sanitary Permit# _____ | <b>13. HEAT LOSS</b><br>_____ BTU/HR Total Calculated<br>Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report) |
|   | Unit 1   | Unit 2   | Total   |   |                          |                          |    |     |             |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |  |   |   |  |
| Unfin. Bsmt   |  |  |   |   |                          |                          |    |     |             |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |  |   |   |  |
| Living Area   |  |  |   |   |                          |                          |    |     |             |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |  |   |   |  |
| Garage  |  |  |   |   |                          |                          |    |     |             |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |  |   |   |  |
| Deck  |  |  |   |   |                          |                          |    |     |             |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |  |   |   |  |
| Totals  |  |  |   |   |                          |                          |    |     |             |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |  |   |   |  |
|   |  |  | <b>11. WATER</b><br><input type="checkbox"/> Municipal<br><input type="checkbox"/> On-Site Well   | <b>14. EST. BUILDING COST w/o LAND</b><br>\$ _____  |                          |                          |    |     |             |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |  |   |   |  |

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 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'S SIGNATURE** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

**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 |                          |                          |