

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		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:																															
Owner's Name _____		Mailing Address _____				Tel. _____																											
Contractor Name & Type _____		Lic/Cert# _____		Mailing Address _____		Tel. & Fax _____																											
Dwelling Contractor (Constr.) _____																																	
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.		<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 _____ <input type="checkbox"/> 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: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar Geo</td> </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>		Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo	Space Htg							Water Htg									
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo																											
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2. AREA INVOLVED (sq ft)		4. CONST. TYPE		7. WALLS		10. SEWER		13. HEAT LOSS																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Unit 1</th> <th>Unit 2</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Unfin. Bsmt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Living Area</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deck/Porch</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> <td></td> </tr> </tbody> </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		<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)	
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		5. STORIES		8. USE		11. WATER		14. EST. BUILDING COST w/o LAND																									
		<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 <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 reverse side of the last ply of this form.

APPLICANT (Print): _____	Sign: _____	DATE _____
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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. 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 <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		Name _____
Inspection \$ _____			Date _____ Tel. _____
Wis. Permit Seal \$ _____			
Other \$ _____			Cert No. _____
Total \$ _____			