

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# 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.
 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.

1. PROJECT <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: _____	3. OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	6. ELECTRIC Entrance Panel _____ Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead 7. WALLS <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other: _____	9. HVAC EQUIP. <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> <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><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	12. ENERGY SOURCE							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"/>		
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2. AREA INVOLVED (sq ft) <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.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>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				4. CONST. TYPE <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	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	13. HEAT LOSS BTU/HR Total Calculated _____ Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)	14. EST. BUILDING COST w/o LAND \$ _____
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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 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"/> County of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> State _____ <input type="checkbox"/> City of _____	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 \$ _____ Inspection \$ _____ Wis. Permit Seal \$ _____ Other \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical	_____	Name _____ Date _____ Tel. _____ Cert No. _____