

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. 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 | | | 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 7. WALLS <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"/> 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 style="width: 100%; text-align: center;"> <tr> <td>Fuel</td><td>Nat Gas</td><td>LP</td><td>Oil</td><td>Elec</td><td>Solid</td><td>Solar Geo</td><td colspan="2"></td><td colspan="2"></td> </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><td colspan="2"></td><td colspan="2"></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><td colspan="2"></td><td colspan="2"></td> </tr> </table> | | | | | | | 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"/> | | | | |
| 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 | | | 8. USE | | | 10. SEWER | | | 13. HEAT LOSS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unit 1 | Unit 2 | Total | | <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD | | | <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement | | | <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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unfin. Bsmnt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Living Area | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Garage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deck/ Porch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | 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 Town of _____ County of _____ State-Contracted Inspection Agency#: _____ Village of _____ State _____ Municipality Number of Dwelling Location _____ City of _____

| | | | | | | | |
|------------------|----------|--|--|--------------------------|--|--------------------------|--|
| FEES: | | PERMIT(S) ISSUED | | WIS PERMIT SEAL # | | PERMIT ISSUED BY: | |
| 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 | | _____ | | Email: _____ | |
| Total | \$ _____ | <input type="checkbox"/> Erosion Control | | _____ | | | |