

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="margin:0; font-size: small;">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. _____																						
<b>PERMIT REQUESTED</b> <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# _____	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 _____																								
<b>PROJECT LOCATION</b>	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.																					
<b>1. PROJECT</b>		<b>3. OCCUPANCY</b>																						
<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: _____																						
<b>2. AREA INVOLVED (sq ft)</b>		<b>4. CONST. TYPE</b>																						
	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"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement																						
		<b>5. STORIES</b>																						
		<b>6. ELECTRIC</b>																						
		Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <b>7. WALLS</b> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other: _____																						
		<b>8. USE</b>																						
		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____																						
		<b>9. HVAC EQUIP.</b>																						
		<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: _____																						
		<b>10. SEWER</b>																						
		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____																						
		<b>11. WATER</b>																						
		<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well																						
		<b>12. ENERGY SOURCE</b>																						
		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec</td> <td style="width:10%;">Solid</td> <td style="width:10%;">Solar Geo</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> </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>		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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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
		<b>13. HEAT LOSS</b>																						
		_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)																						
		<b>14. EST. BUILDING COST w/o LAND</b>																						
		\$ _____																						
<p>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.</p> <input type="checkbox"/> 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.																								
<b>APPLICANT (Print):</b> _____ <b>Sign:</b> _____ <b>DATE</b> _____																								
<b>APPROVAL CONDITIONS</b> This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.																								
<b>ISSUING JURISDICTION</b>		State-Contracted Inspection Agency#: _____																						
<input type="checkbox"/> Town of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____		<input type="checkbox"/> County of _____ <input type="checkbox"/> State _____ Municipality Number of Dwelling Location _____																						
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>																						
Plan Review	\$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control																						
Inspection	\$ _____	<b>WIS PERMIT SEAL #</b> _____																						
Wis. Permit Seal	\$ _____	<b>PERMIT ISSUED BY:</b>																						
Other	\$ _____	Name _____ Date _____ Tel. _____ Cert No. _____ Email: _____																						
Total	\$ _____																							