

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73		WISCONSIN UNIFORM BUILDING PERMIT APPLICATION			Application No. _____ 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's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg _____		Lic/Cert# _____	Mailing Address _____		Tel. _____					
					FAX# _____					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg _____		Lic/Cert# _____	Mailing Address _____		Tel. _____					
					FAX# _____					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg _____		Lic/Cert# _____	Mailing Address _____		Tel. _____					
					FAX# _____					
Contractor's Name: <input type="checkbox"/> Con <input type="checkbox"/> Elec <input type="checkbox"/> HVAC <input type="checkbox"/> Plbg _____		Lic/Cert# _____	Mailing Address _____		Tel. _____					
					FAX# _____					
PROJECT LOCATION		Lot area _____ Sq.ft.	<input type="checkbox"/> 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.				
1. PROJECT		3. OCCUPANCY		6. ELECTRIC		9. HVAC EQUIP.				
<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		<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: _____				
2. AREA INVOLVED (sq ft)		4. CONST. TYPE		7. WALLS		12. ENERGY SOURCE				
	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"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other: _____	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"/> <input type="checkbox"/> Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.				
Unfin. Bsmt				5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plus Basement	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	10. SEWER				
Living Area			<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____			13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)				
Garage			11. WATER					14. EST. BUILDING COST w/o LAND		
Deck			<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well					\$ _____		
Totals										
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. 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. <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 Financial Responsibility 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. <input type="checkbox"/> 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 _____				
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 _____ Date _____ Tel. _____ Cert No. _____				
Inspection	\$ _____									
Wis. Permit Seal	\$ _____									
Other	\$ _____									
Total	\$ _____									