

<b>KUNKEL</b>  <b>ENGINEERING GROUP</b> (920) 356-9447 (920) 210-4135 (mobile)	<b>WISCONSIN UNIFORM BUILDING PERMIT APPLICATION</b> <b>Village of Oakfield</b> 130 North Main Street, P.O. Box 98 Oakfield, Wisconsin 53065	Permit No. _____ Project Description: _____
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**PERMIT REQUESTED**     Constr.    HVAC    Electric    Plumbing    Erosion Control    Other:

Owner's Name	Mailing Address	Tel.
Contractor's Name & Type	Lic/Cert #	Mailing Address
Contractor (Construction)		
Dwelling Contr. Qualifier	The Dwelling Constr. Qualifier shall be an Owner, CEO, COB or employee of the Dwelling Contractor.	
HVAC		
Electrical		
Plumbing		

DHS Lead Renovator Cert. No. (If structure was built prior to 1978)	Exp. Date	DHS Lead Company Cert. No.	Exp. Date
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**PROJECT LOCATION**    Lot Area \_\_\_\_\_  One acre or more of soil  
 Sq. Ft. will be disturbed \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, of Section \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E (or) W

Building Address	Subdivision Name	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	<b>SETBACKS</b>	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.
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<b>1. PROJECT</b>	<b>3. OCCUPANCY</b>	<b>6. ELECTRIC</b>	<b>9. HVAC EQUIP.</b>	<b>12. ENERGY SOURCE</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:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebrd <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</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> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	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"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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<b>2. AREA INVOLVED (sq. ft.)</b>	<b>4. CONST. TYPE</b>	<b>7. WALLS</b>	<b>10. SEWER</b>	<b>13. HEAT LOSS</b>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Unit 1</th> <th>Unit 2</th> <th>Total</th> </tr> <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</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> <td></td> </tr> </table>		Unit 1	Unit 2	Total	Unfin.				Bsmt				Living Area				Garage				Deck				Totals				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mid. - WI UDC <input type="checkbox"/> Mid. - 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 ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck Report.)
	Unit 1	Unit 2	Total																													
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	<b>5. STORIES</b>	<b>8. USE</b>	<b>11. WATER</b>	<b>14. EST. BUILDING COST</b>																												
	<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	\$ _____																												

The applicant agrees to comply with the Municipal Ordinance and with conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

**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.    See attached for conditions of approval.

**INSPECTIONS NEEDED:**    **Building:**    Footing    Rough    Insulation    Basement Flr    Final  
**Electric:**    Rough    Service    Final    **Plumbing:**    Rough    Underfloor    Final    **HVAC:**    Rough    Final

<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	<b>WI PERMIT SEAL NO.</b>	<b>PERMIT ISSUED BY:</b>
Building: \$ _____ Plumbing: \$ _____ HVAC: \$ _____ Electrical: \$ _____ WI Permit Seal: \$ _____ Other: \$ _____ Other: \$ _____ Total: \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:	<b>RECEIPT</b> Ck #: _____ Amount: _____ Date: _____ From: _____ Rec By: _____	Name: _____ Date: _____ Tel. _____ Cert No. _____