

**KUNKEL**  
  
**ENGINEERING GROUP**  
 (920) 356-9447  
 (920) 382-6202 (mobile)

**WISCONSIN UNIFORM BUILDING  
 PERMIT APPLICATION**  
**Village of Oakfield**  
 130 North Main Street, P.O. Box 98  
 Oakfield, Wisconsin 53065

Permit No. \_\_\_\_\_  
 Project Description: \_\_\_\_\_

**PERMIT REQUESTED**     **Constr.**    **HVAC**    **Electric**    **Plumbing**    **Erosion Control**    **Other:**

Owner's Name		Mailing Address		Tel.
Contractor's Name & Type		Lic/Cert #	Mailing Address	Tel. & Fax
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

**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. \_\_\_\_\_

Zoning District(s) \_\_\_\_\_    Zoning Permit No. \_\_\_\_\_    **SETBACKS**  
 Front \_\_\_\_\_ ft.    Rear \_\_\_\_\_ ft.    Left \_\_\_\_\_ ft.    Right \_\_\_\_\_ ft.

<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"/>
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"/>																												
<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>																										
	Unit 1	Unit 2	Total	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. - WI UDC <input type="checkbox"/> Mfd. - 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.)																								
Unfin.				<b>5. STORIES</b>		<b>8. USE</b>		<b>11. WATER</b>		<b>14. EST. BUILDING COST</b>																								
Bsmt				<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other:		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well		\$ _____																								
Living Area				<input type="checkbox"/> Plus Basement																														
Garage																																		
Deck																																		
Totals																																		

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:	\$ _____	<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. _____	
Plumbing:	\$ _____						
HVAC:	\$ _____						
Electrical:	\$ _____						
WI Permit Seal:	\$ _____						
Other:	\$ _____						
Other:	\$ _____						
Total	\$ _____						