

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="font-size: small; margin: 5px 0;">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. _____																																											
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 Name & Type _____		Lic/Cert# _____	Exp Date _____																																										
Dwelling Contractor (Constr.) _____		Mailing Address _____																																											
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.) _____		Telephone & Email _____																																											
HVAC _____		_____																																											
Electrical Contractor _____		_____																																											
Electrical Master Electrician _____		_____																																											
Plumbing _____		_____																																											
PROJECT LOCATION	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 _____																																										
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																																										
<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: _____																																										
2. AREA INVOLVED (sq ft)		4. CONST. TYPE	9. HVAC EQUIP.																																										
	Unit 1 Unit 2 Total	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD 5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement	<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: _____																																										
Unfin.			10. SEWER																																										
Bsmt			<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____																																										
Living Area			11. WATER																																										
Garage			<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well																																										
Deck/Porch																																													
Totals																																													
			12. ENERGY SOURCE																																										
			<table 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 Geo</td> </tr> <tr> <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><input type="checkbox"/></td> </tr> <tr> <td>Space Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Water Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Space Htg							<input type="checkbox"/>							Water Htg							<input type="checkbox"/>						
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
Space Htg																																													
<input type="checkbox"/>																																													
Water Htg																																													
<input type="checkbox"/>																																													
			13. HEAT LOSS																																										
			_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)																																										
			14. EST. BUILDING COST w/o LAND																																										
			\$ _____																																										
<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.																																													
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. <input type="checkbox"/> See attached for conditions of approval.																																													
ISSUING JURISDICTION		State-Contracted Inspection Agency#:	Municipality Number of Dwelling Location																																										
<input type="checkbox"/> Town of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____		<input type="checkbox"/> County of _____ <input type="checkbox"/> State _____	_____																																										
FEES:		PERMIT(S) ISSUED	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																																											