

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control 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					

PROJECT LOCATION Lot area _____ Sq.ft. One acre or more of soil will be disturbed Town Village 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.

1. PROJECT			3. OCCUPANCY			6. ELECTRIC			9. HVAC EQUIP.			12. ENERGY SOURCE																								
<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:			Fuel		Nat Gas		LP		Oil		Elec		Solid		Solar Geo												
2. AREA INVOLVED (sq ft)			4. CONSE. TYPE			7. WALLS			10. SEWER			13. HEAT LOSS																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Unit 1</th> <th>Unit 2</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Unfin. Bsmt</td> <td></td> <td></td> </tr> <tr> <td>Living Area</td> <td></td> <td></td> </tr> <tr> <td>Garage</td> <td></td> <td></td> </tr> <tr> <td>Deck/ Porch</td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> </tr> </tbody> </table>			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"/> 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 (available from "Total Building Heating Load" on Rescheck report)						
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			5. STORIES			8. USE			11. WATER			14. EST. BUILDING COST w/o LAND																								
			<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			\$ _____																								

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.

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. See attached for conditions of approval.

ISSUING JURISDICTION Town of _____ County of _____ State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location _____

Village of _____ State _____

City of _____

FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		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					