

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73		Wisconsin Uniform Building Permit Application			Application No. _____ Parcel No. _____	
		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))]				
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	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. <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 _____		
				_____ 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 <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: _____		3. OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____		6. ELECTRIC Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		
2. AREA INVOLVED (sq ft)		4. CONST. TYPE		9. HVAC EQUIP.		
	Unit 1	Unit 2	Total	<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: _____	12. ENERGY SOURCE	
Unfin. Bsmt				7. WALLS <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 Geo 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"/>	
Living Area					10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____	13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)
Garage				8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	
Deck/Porch						14. EST. BUILDING COST w/o LAND \$ _____
Totals						
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.						
<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		<input type="checkbox"/> Town of _____ <input type="checkbox"/> County of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> State _____ <input type="checkbox"/> City of _____				
		State-Contracted Inspection Agency#:		Municipality Number of Dwelling Location		
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		
Plan Review	\$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		PERMIT ISSUED BY:		
Inspection	\$ _____			Name _____		
Wis. Permit Seal	\$ _____			Date _____ Tel. _____		
Other	\$ _____			Cert No. _____		
Total	\$ _____			Email: _____		

SBD-5823(R08/17) Distribute: ☐ Ply 1 – Issuing Jurisdiction; ☐ Ply 2- Issuer forwards to state w/in 30 days; ☐ Ply 3- Inspector; ☐ Ply 4- Applicant

TOWN OF CHASE
8481 County Road S
Pulaski, WI 54162
TO ALL PERSONS APPLYING FOR BUILDING PERMITS

BUILDING INSPECTOR'S OFFICE HOURS AT CHASE TOWN HALL BY APPOINTMENT

CALL FOR INSPECTIONS AT (920) 606-1392 (Mon.-Fri. from 7am-5pm)

CALL INSPECTOR AT: David Szela (920) 606-1392

NEEDED FOR NEW HOMES (Please list Tax Key Number on Permit Application)

- 1) Copy of County Land/Zoning Permit
- 2) Copy of County/Municipal Sanitary Permit
- 3) Construction deposit agreement
- 4) Driveway/Culvert Permit Application
- 5) Park Fee Receipt
- 6) Signed Cautionary, Erosion Control and Conditions of Approval
- 7) 2 – Signed completed Res/Check with Plant Sizing
- 8) 2 copies of the Site Plan, with all details of building placement (show Erosion Control)
- 9) 2 sets of Plans with cross sections, elevations, foundation, window & door schedule, wall brace plan and details required by State
- 10) Building Permit Application (filled out completely and to include contractors' licenses and expiration dates)
- 11) Act 211 Register Home on State Web Site – https://esla.wi.gov/apex/customer_portal_intro_page

NEEDED FOR ADDITIONS OF ANY TYPE (Please list Tax Key Number on Permit Application)

- 1) Copy of County Land/Zoning Permit
- 2) Copy of County/Municipal Sanitary Permit if required
- 3) Construction deposit agreement if required
- 4) Signed Cautionary, Erosion Control and Conditions of Approval
- 5) 2 – Signed completed Res/Check with Plant Sizing if required
- 6) 2 copies of the Site Plan, with all details of building placement (show Erosion Control)
- 7) 2 sets of Plans with cross sections, elevations, foundation, window & door schedule, wall brace plan and details required by State
- 8) Building Permit Application (filled out completely and to include contractor's licenses and expiration dates)

NEEDED FOR REMODELS OF ANY TYPE (Please list Tax Key Number on Permit Application)

- 1) Copy of County Land/Zoning Permit if required
- 2) Copy of County/Municipal Sanitary Permit if required
- 3) Construction deposit agreement if required
- 4) Signed Cautionary and Conditions of Approval
- 5) 2 – Signed completed Res/Check with Plant Sizing if required
- 6) 2 – Sets of plans with before and after with windows, doors and all details
- 7) Building Permit Application (filled out completely and to include contractor's licenses and expiration dates)

NEEDED FOR ACCESSORY BUILDING OR DECKS (Please list Tax Key Number on Permit Application)

- 1) Copy of County Land/Zoning Permit
- 2) Copy of County/Municipal Sanitary Permit if required
- 3) Construction deposit agreement if required
- 4) Signed Cautionary, Erosion Control and Conditions of Approval
- 5) 2 copies of the Site Plan, with all details of building placement (show Erosion Control)
- 6) 2 sets of Plans with cross sections, elevations, foundation, window & door schedule, wall brace plan and
- 7) Building Permit Application (filled out completely and to include contractors' licenses and expiration dates)