

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73		Wisconsin Uniform Building Permit Application				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 _____	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		3. OCCUPANCY		6. ELECTRIC		9. HVAC EQUIP.	
<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: _____		<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: _____	
2. AREA INVOLVED (sq ft)		4. CONST. TYPE		10. SEWER		12. ENERGY SOURCE	
	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		Fuel Nat Gas LP Oil Elcc 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"/>	
Unfin. Bsmt							
Living Area							
Garage							
Deck/Porch							
Totals							
				8. USE		11. WATER	
				<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____		<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	
						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 \$ _____	
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"/> Village of _____ <input type="checkbox"/> City of _____		<input type="checkbox"/> County of _____ <input type="checkbox"/> State _____		State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location _____	
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		_____			