

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73	Wisconsin Uniform Building Permit Application 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))]	Application No. Parcel No.
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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:
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Owner's Name	Mailing Address	Email:	Tel.
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Contractor Name & Type	Lic/Cert# Exp Date	Mailing Address	Tel. & 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
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Building Address	County	Subdivision Name	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.
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1. PROJECT	<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input type="checkbox"/> Other
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2. AREA INVOLVED (sq ft)	Unit 1	Unit 2	Total
Unfin. Bsmt.			
Living Area			
Garage			
Deck/Porch			
Totals			

3. OCCUPANCY	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other	4. USE	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:
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5. CONSTRUCTION TYPE	<input type="checkbox"/> Site Built <input type="checkbox"/> Mfd. Per WI UDC <input type="checkbox"/> Mfd. Per US HUD
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6. STORIES	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other:	<input type="checkbox"/> Plus Basement	7. EST. BUILDING COST w/o LAND	\$
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8. WALLS	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other	9. ELECTRIC	Panel Amps: _____	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead
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10. SEWER	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit #	11. WATER	<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well
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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 reverse side of the last ply 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	<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
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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		