

Wisconsin Division of Safety and Buildings		WISCONSIN UNIFORM BUILDING PERMIT APPLICATION				Application No.	
Wisconsin Stats. 101.63, 101.73		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))]				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#	Mailing Address		Tel. & Fax	
Dwelling Contractor (Constr.)							
Dwelling Contr. Qualifier				The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.			
HVAC							
Electrical							
Plumbing							
PROJECT LOCATION	Lot area	Sq.ft.	<input type="checkbox"/> One acre or more of soil will be disturbed	_____ 1/4, _____ 1/4, of Section	, T	N, R	E (or) W
Building Address			Subdivision Name		Lot No.		Block No.
Zoning District(s)		Zoning Permit No.		Setbacks:	Front	Rear	Left
					ft.	ft.	ft.
1. PROJECT	3. OCCUPANCY	6. ELECTRIC	9. HVAC EQUIP.	12. ENERGY SOURCE			
<input type="checkbox"/> New <input type="checkbox"/> Repair	<input type="checkbox"/> Single Family	Entrance Panel	<input type="checkbox"/> Furnace	Fuel	Nat Gas	LP	Oil
<input type="checkbox"/> Alteration <input type="checkbox"/> Raze	<input type="checkbox"/> Two Family	Amps: _____	<input type="checkbox"/> Radiant Basebd	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Addition <input type="checkbox"/> Move	<input type="checkbox"/> Garage	<input type="checkbox"/> Underground	<input type="checkbox"/> Heat Pump	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Overhead	<input type="checkbox"/> Boiler	<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.			
2. AREA INVOLVED (sq ft)	4. CONST. TYPE	7. WALLS	<input type="checkbox"/> Central AC	13. HEAT LOSS			
	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Steel	<input type="checkbox"/> Fireplace				
	<input type="checkbox"/> Site-Built	<input type="checkbox"/> ICF	<input type="checkbox"/> Other:				
	<input type="checkbox"/> Mfd. per WI UDC	<input type="checkbox"/> Timber/Pole	10. SEWER				
	<input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Other:	<input type="checkbox"/> Municipal				
Unfin. Bsmt			<input type="checkbox"/> Sanitary Permit#				
Living Area			_____				
Garage			11. WATER				
Deck			<input type="checkbox"/> Municipal				
Totals			<input type="checkbox"/> On-Site Well				
	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal					
	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Permanent					
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:					
	<input type="checkbox"/> Plus Basement						
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the 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 reverse side of the last ply.							
APPLICANT'S SIGNATURE _____				DATE SIGNED _____			
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						
Total \$ _____	<input type="checkbox"/> Erosion Control						