

City of Peshtigo Inspection Department 920-835-6016 Wisconsin Stats. 101.63, 101.73				Peshtigo COMMERCIAL Building Permit Application <small>The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]</small>						Parcel No. Application 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		<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.		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																	
										Space Htg		<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"/>																	
2. AREA INVOLVED (sq ft)				4. CONST. TYPE		7. WALLS		10. SEWER		13. HEAT LOSS																													
<table><thead><tr><th></th><th>Unit 1</th><th>Unit 2</th><th>Total</th></tr></thead><tbody><tr><td>Unfin. Bsmt</td><td></td><td></td><td></td></tr><tr><td>Living Area</td><td></td><td></td><td></td></tr><tr><td>Garage</td><td></td><td></td><td></td></tr><tr><td>Deck/ Porch</td><td></td><td></td><td></td></tr><tr><td>Totals</td><td></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)					
	Unit 1	Unit 2	Total																																				
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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"/> Concrete: <input type="checkbox"/> Masonry: <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 cautionary statement; 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.																																							
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		CITY OF PESHTIGO						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																																			
Wis. Permit Seal \$ _____				<input type="checkbox"/> Electrical								Date _____ Tel. _____																											
Other \$ _____				<input type="checkbox"/> Plumbing																																			
Total \$ _____				<input type="checkbox"/> Erosion Control								Cert No. _____																											

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