

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.

PERMIT REQUESTED

Constr. HVAC Electric Plumbing Erosion Control 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.	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							
	Unit 1	Unit 2	Total	<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:				BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)			
Unfin. Bsmt												
Living Area												
Garage												
Deck/ Porch												
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"/> 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 \$ Inspection \$ Wis. Permit Seal \$ Other \$ Total \$ _____				<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control			Name _____ Date _____ Tel. _____ Cert No. _____ Email: _____					