

APPLICANT- PLEASE DO NOT SEPARATE THIS FORM. Your copy will be returned to you with your permit.

TOTAL INSPECTION SERVICES Mr. Scott Jelle 131 Tyvand Road Blanchardville, WI 53516 (608) 963-0652 totalinspectionsservices@gmail.com		UNIFORM APPLICATION BUILDING PERMIT		Permit No. _____	
		Wisconsin Statutes 101.63, 101.73 The information you provide may be used by other government agency programs. [(Privacy Law, S. 15.04 (1)(m))]		Project Description: _____	
PERMIT REQUESTED <input type="checkbox"/> Construction <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 Contractor Qualifier shall be an Owner, CEO, COB or Employee of the Dwelling Contractor			
HVAC Contractor's Name:					
Electrical Contractor's Name:					
Plumbing Contractor's Name:					
PROJECT LOCATION					
Lot area _____ Sq. ft.		One acre or more of soil will be disturbed _____		_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W	
Site Address: _____		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. ELECTRICAL	
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other: _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____		Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	
<input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move				7. WALLS	
2. AREA INVOLVED		4. CONST. TYPE		9. HVAC EQUIPMENT	
Bsm't _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Other _____ Sq Ft Total _____ Sq Ft		<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard/Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Fireplace <input type="checkbox"/> Other: _____	
		5. STORIES		10. SEWER	
		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plus Basement		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____	
		8. USE		11. WATER	
		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	
				12. ENERGY SOURCE	
				Fuel _____ Nat Gas _____ LP _____ Oil _____ Elec _____ Solid _____ Solar _____ Space Htg _____ Water Htg _____	
				13. HEAT LOSS	
				_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)	
				14. EST. BUILDING COST w/o LAND	
				\$ _____	
<p>I understand that I am subject to 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.</p> <p>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.</p>					
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 _____	
New Glarus, WI					
FEES:		INSPECTIONS REQUIRED		WI PERMIT SEAL #	
Plan Review \$ _____		<input type="checkbox"/> Footing <input type="checkbox"/> Underfloor Plumbing/test			
Inspection \$ _____		<input type="checkbox"/> Foundation <input type="checkbox"/> OS Sewer Lateral/test			
WI Seal \$ _____		<input type="checkbox"/> Rough Construction <input type="checkbox"/> Electric Service			
Other \$ _____		<input type="checkbox"/> Rough Electrical <input type="checkbox"/> Insulation			
TOTAL \$ _____		<input type="checkbox"/> Rough HVAC <input type="checkbox"/> Final			
		<input type="checkbox"/> Rough Plumbing/test			
RECEIPT:		Check #: _____ From: _____		Rec'd by: _____ Date: _____	
Distribution <input type="checkbox"/> White: File <input type="checkbox"/> Yellow: Department of Commerce <input type="checkbox"/> Pink: Municipality <input type="checkbox"/> Gold: Applicant					