FOR INSPECTIONS CALL: _____	**GENERAL BUILDING PERMIT APPLICATION** GENERAL ENGINEERING COMPANY OFFICE: (608) 745-4070 FAX: (608) 745-5763	**PERMIT #** **EXPIRATION DATE:**
Parcel Number:	**Property is Located in** ◯ **Town of** ◯ **Village of** ◯ **City of** **Name:**	**Municipality Number** ____ ____ - ____ ____ ____

PROJECT DESCRIPTION (Submit Building Plans & Site Plan)	**Does this project require any additional approvals or permits?** ◯ yes ◯ no
Building Project Address:	**Finished Project Value** **$**

Zoning District(s):	**Zoning Permit No.:**	**Corner Lot** ◯ yes ◯ no	**Bldg. Height** Ft.	**Setbacks:**	**Front**	**Rear**	**Left**	**Right**

Owner's Name(s)	**Mailing Address**	**Telephone** **Email**

Contractor Name & Type	**Licen. / Cert #**	**Exp. Date**	**Mailing Address**	**Telephone & Email**
Construction Contractor				**Tel.** **Email**
Dwelling Contractor Qualifier			The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.	**Tel.** **Email**
HVAC Contractor				**Tel.** **Email**
Electrical Contractor				**Tel.** **Email**
Master Electrician				**Tel.** **Email**
Plumbing Contractor				**Tel.** **Email**

RESIDENTIAL Single Family/Duplex

Addition: ☐ **Electrical** ☐ **Plumbing** ☐ **HVAC** ☐ **Construction**_____ **sq. ft.** ☐ **Erosion Control**

Detached Accessory Building: ☐ **Electrical** ☐ **Plumbing** ☐ **HVAC** ☐ **Construction** _____ **sq. ft**

Remodel: ☐ **Electrical** ☐ **Plumbing** ☐ **HVAC** ☐ **Construction** _____ **sq. ft.**

Other: ☐ **Fence** ☐ **Electrical** ☐ **Plumbing** ☐ **HVAC** ☐ **Construction** _____ **sq. ft.** ☐ **Erosion Control**

☐ **Electrical Service Upgrade (Amp____)** ☐ **Removal of Structure (Raze)** ☐ _____

COMMERCIAL

New Commercial Building:_____ **Bldg. Sq. Ft.** ☐ **Electrical** ☐ **Plumbing** ☐ **HVAC** ☐ **Construction** ☐ **Erosion Control**

Commercial Addition/Alteration: ☐ **Electrical** ☐ **Plumbing** ☐ **HVAC** ☐ **Construction** ☐ **Erosion Control**

_____ **Building Sq. Ft.** ☐ **Electrical Service (Amp____)** ☐ **Fence** ☐ **Sign** ☐ **Removal of Structure (Raze)**

State of Wisconsin Plan Approval Needed: ◯ **yes** ◯ **no** **(Approved plans must be submitted with permit application)**

Zoning – When applicable, owner shall research setback information regarding height, lot coverage, etc. prior to submittal of this application.

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 I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility on the reverse side of the last ply of this application. 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. ***It is the Owner/Contractors Responsibility to Call in ALL INSPECTIONS to the Inspector.***

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. ☐ **See attached for conditions of approval.**

BELOW SECTION FOR OFFICE USE ONLY

FEES:		**PERMIT(S) ISSUED**	**PERMIT ISSUED BY:**
Construction	$ _____	☐ Construction	Name _____
Plumbing	$ _____	☐ HVAC	
Electrical	$ _____	☐ Electrical	Date _____ Telephone _____
HVAC	$ _____	☐ Plumbing	
Zoning	$ _____	☐ Erosion Control	Cert No. _____ Census Code_____
Other _____	$ _____	☐ Other_____	
Administrative	$_____		
Total Permit Fee	$_____		

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