APPLICANT- PLEASE DO NOT SEPARATE THIS FORM. Your copy will be returned to you with your permit. TOTAL INSPECTION SERVICES UNIFORM APPLICATION 131 Tyvand Road **BUILDING PERMIT** Blanchardville, WI 53516 Wisconsin Statutes 101.63, 101.73 Project Description: The information you provide may be used by other government 608-963-0652 agency programs. [(Privacy Law, S. 15.04 (1)(m)] PERMIT REQUESTED □Construction □HVAC □Electric □Plumbing □Erosion Control □Other: Owner's Name: Mailing Address: 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: Lot area PROJECT One acre or more of Sq. ft. LOCATION soil will be disturbed 1/4, 1/4, of Section N, R E (or) W Site Address: Subdivision Name: Lot No. Block No. Zoning District(s) Zoning Permit No. Setbacks: Front Rear Left Right ft. 1. PROJECT 3. OCCUPANCY 6. ELECTRICAL 9. HVAC EQUIPMENT 12. ENERGY SOURCE D New Entrance Panel □ Single Family G Forced Air Furnace Fuel Nat Gas Elec Solid Solar □ Alteration 11 Repair ☐ Two Family Amps: ☐ Radiant Baseboard/Panel Space Htg □ Addition □ Raze □ Commercial □ Underground Water Hta ☐ Heat Pump C Other: □ Move Garage Overhead □ Boiler : Other: □ Central Air Cond. 7. WALLS □ Fireplace 2. AREA INVOLVED 4. CONST. TYPE □ Wood Frame 13. HEAT LOSS Other: □ Site-Built ☐ Timber/Pole ☐ Mfd: ☐ WI UDC П Steel DICF 10. SEWER BTU/HR Total Calculated Living □ U.S. HUD Other: □ Municipal Envelope and Infiltration Losses ("Maximum Allowable Area \_Sq Ft □ Sanitary Permit No.; 5. STORIES 8. USE Heating Equipment Output" on Energy Worksheet; ☐ 1-Story □ Seasonal "Total Building Heating Load" on WIScheck report) Garage \_\_\_\_\_Sq FI □ 2-Story Permanent 11. WATER 14. EST. BUILDING COST W/o LAND Other \_\_\_\_Sq FI □ Other: Other: D Municipal Utility □ Plus Basement © Private On-Site Well Total 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 agre 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. 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 This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation APPROVAL CONDITIONS of this permit or other penalty. 

See attached for conditions of approval. ☐ Town of ☐ Village of ☐ City of ☐ County of ⇒ State State Contracted Inspection Municipality Number of Dwelling Location ISSUING JURISDICTION Agency# FEES: **INSPECTIONS REQUIRED** WI PERMIT SEAL # **PERMIT ISSUED BY:** □Footing **3Underfloor Plumbing/test** Plan Review \$ □Foundation □OS Sewer Lateral/test Inspection \$ \_\_\_\_ ☐Rough Construction □Electric Service Date\_\_\_\_\_Tel.\_\_\_\_ WI Seal □Rough Electrical □Insulation □Rough HVAC **DFinal** Other □Rough Plumbing/test TOTAL RECEIPT: Rec'd by: \_\_\_\_\_ Date:\_\_ Check #: \_\_\_ \_\_\_\_\_ From: \_\_\_ TPink: Municipality Distribution ∃White: File CYellow: Department of Commerce Gold: Applicant Rev. 11-08