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|---|--|--|--------------------------------|----------|
| <b>TOWN OF WEST BEND</b><br><b>6355 Cty Highway Z</b><br><b>West Bend, WI 53095</b><br><b>(262)338-3417</b>   | <b>New Single-Family Home</b><br><b>Building Permit Application</b>  |  | <b>Permit #</b>                |          |
|   | <b>Plumbing, Electrical, and HVAC permits issued separately</b>  |  | <b>Parcel #</b>                |          |
| Owner's Name:   | Mailing Address:   |  |                                | Phone #: |
| Owners Email:   |  |  |                                |          |
| Project Address:  |  |  |                                |          |
| <b>Contractor Name &amp; Type</b>   | <b>License/ Cert. # &amp;Exp. Date</b>   | <b>Mailing Address</b>   | <b>Contact Info:</b>           |          |
| Dwelling Contractor:  |  |  | Phone #:<br>Email:             |          |
| Dwelling Contractor Qualifier:  |  |  | Phone #:<br>Email:             |          |
| HVAC:   |  |  | Phone #:<br>Email:             |          |
| Electrical Contractor:  |  |  | Phone #:<br>Email:             |          |
| Master Electrician:   |  |  | Phone #:<br>Email:             |          |
| Plumbing:   |  |  | Phone #:<br>Email:             |          |
| Building Cost W/O Land:   | 1 or more acres of land will be disturbed: Yes ___ No ___  |  | Subdivision: _____ Lot # _____ |          |
| <b>Also Needed With Permit Application</b>  |  |  |                                |          |
| Driveway Access permit:   | Separate permit obtained from Town of Addison. Driveway with tracking pad must be completed prior tot start of construction.   |  |                                |          |
| 2 Sets of Building Plans  | Plans must be readable and printed to scale. Preferably 1/4"/ft or 1/8"/ft for larger projects.  |  |                                |          |
| Energy Calculations   | Provide heat loss data (BTUs/Hr) derived from the ResCheck report or the "Heating System Sizing Summary Calculator" available on the DSPS website <a href="http://dsps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/One-and-Two-Family-UDC">http://dsps.wi.gov/Programs/Industry-Services/Industry-Services-Programs/One-and-Two-Family-UDC</a> . Obtained |  |                                |          |
| 2 Copies Survey/Site Plan:  | Showing location of structure with setbacks to side yards, rear yard, and road right of way. Driveway location and location of erosion control measures.   |  |                                |          |
| Sanitary Permit   | Obtained by Plumber from Washington County Land Use Department.  |  |                                |          |
| Completed Online Application.   | Follow instructions on page .  |  |                                |          |
| I understand that I: am subject to all applicable codes, laws, statutes and ordinances; 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. 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:  |  | Signature:   |                                | Date:    |
| <b>Office Use Only</b>  |  |  |                                |          |
| Living Space SF:  | Erosion Cont.:   | \$   | Plan Review:                   | \$       |
| Basement SF:  | Zoning:  | \$   | Inspection:                    | \$       |
| Garage SF:  | Other:   | \$   | Permit Seal:                   | \$       |
| Decks/Porches SF:   |  |  | Occ. Cert.:                    | \$       |
|   |  |  | <b>TOTAL</b>                   | \$       |
| Date Approved:  |  | Permit Seal #:   |                                |          |
| Building Inspector:<br>Jeremy Pfeifer<br>Cell: (262)689-7346<br>Office: (262)629-1774<br>Email: <a href="mailto:jeremy@jpbbuildinginspections.com">jeremy@jpbbuildinginspections.com</a>  |  | <b>Applications can be dropped at the Town Hall located at 6355 Cty Hwy Z West Bend, WI 53095.</b> |                                |          |