

<b>Inspection Specialists LLC</b> P.O. Box 22 Brussels, WI 54204 (920) 495-3232		<b>Wisconsin Uniform Building Permit Application</b>			Permit No. _____ Parcel No. _____	
<b>ISSUING MUNICIPALITY</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OF _____ COUNTY _____		<b>PROJECT LOCATION</b>		Street Address _____	
			<b>PROJECT DESCRIPTION</b>			
Owner's Name _____		Mailing Address (Street, City, Zip) _____			Telephone _____	
Dwelling Contractor Qualifier _____		Lic/Cert# _____	Exp. Date _____	Mailing Address (Street, City, Zip) _____		Telephone _____
Construction Contractor _____		Lic/Cert# _____	Exp. Date _____	Mailing Address (Street, City, Zip) _____		Telephone _____
Plumbing Contractor _____		Lic/Cert# _____	Exp. Date _____	Mailing Address (Street, City, Zip) _____		Telephone _____
Electrical Contractor _____		Lic/Cert# _____	Exp. Date _____	Mailing Address (Street, City, Zip) _____		Telephone _____
HVAC Contractor _____		Lic/Cert# _____	Exp. Date _____	Mailing Address (Street, City, Zip) _____		Telephone _____

<b>1. PROJECT</b>		<b>3. OCCUPANCY</b>		<b>6. ELECTRIC</b>		<b>9. HVAC EQUIP.</b>		<b>12. ENERGY SOURCE</b>																														
<input type="checkbox"/> New Dwelling <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Commercial		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Detach. Garage <input type="checkbox"/> Commercial		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: _____		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%;">Fuel</td> <td style="width:12.5%;">Nat Gas</td> <td style="width:12.5%;">LP</td> <td style="width:12.5%;">Oil</td> <td style="width:12.5%;">Elec</td> <td style="width:12.5%;">Solid</td> <td style="width:12.5%;">Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	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"/>								
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<b>2. AREA INVOLVED</b>		<b>4. CONST. TYPE</b>		<b>7. FOUNDATION</b>		<b>10. SEWER</b>		<b>13. HEAT LOSS</b>																														
<u>Total sq. ft.</u> Crawl Space _____ Unfin. Bsmt. _____ Living Area _____ Garage _____ Decks _____ Other _____ Total _____		<input type="checkbox"/> Site Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		<input type="checkbox"/> Concret <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____		_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on REScheck report)																														
		<b>5. STORIES</b>		<b>8. USE</b>		<b>11. WATER</b>		<b>14. EST. BUILDING COST</b>																														
		<input type="checkbox"/> 1- Story <input type="checkbox"/> 2- Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Rental <input type="checkbox"/> Other		<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well		\$ _____																														

I understand that I am subject to all applicable codes, laws, statutes and ordinances; am subject to any conditions of this permit; understand the issuance of this permit creates no legal liability, express or implied, on the state or municipality, and the inspection agency or inspector; 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. 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 storm water 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.

**APPLICANT (Print:)** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_

**EMAIL** \_\_\_\_\_  
**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.   ☐ See attached for additional conditions of approval

**WI Seal No.** \_\_\_\_\_

**Municipality No.** \_\_\_\_\_ - \_\_\_\_\_

<b>FEES:</b>		<b>PERMIT NO.</b>		<b>RECEIPT</b>		<b>PERMIT ISSUED BY:</b>	
Building	\$ _____	Elec. # _____	CK # _____	\$ _____  Date _____  From _____		Name _____  Date _____     Tel. _____  Cert No. _____	
Electric	\$ _____	Plmb. # _____					
Plumbing	\$ _____						
HVAC	\$ _____						
WI State Seal	\$ _____	HVAC # _____					
Zoning	\$ _____						
Sewer & Water	\$ _____						
Other _____	\$ _____						
<b>Total</b>	<b>\$ _____</b>						