

<b>FOR INSPECTIONS CALL:</b> <u>608-697-7807</u>	<b>GENERAL BUILDING PERMIT APPLICATION</b> GENERAL ENGINEERING COMPANY P.O. BOX 340 PORTAGE, WI 53901 OFFICE: (608) 745-4070	<b>PERM</b> Submit Form EXPIRATION DATE: _____
<b>Parcel Number:</b> _____	<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State Inspection Agency # _____	_____

<b>PROJECT DESCRIPTION (Submit Building Plans &amp; Site Plan)</b>						Does this project require any additional approvals or permits? <input type="checkbox"/> yes <input type="checkbox"/> no		
<b>Building Address:</b> _____			<b>Responsible Party Email Address:</b> _____			<b>Finished Project Value</b> \$ _____		
<b>Zoning District(s):</b> _____	<b>Zoning Permit No.:</b> _____	<b>Corner Lot</b> <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Bldg. Height</b> Ft. _____	<b>Setbacks:</b>	<b>Front</b> _____	<b>Rear</b> _____	<b>Left</b> _____	<b>Right</b> _____

<b>Owner's Name</b> _____	<b>Mailing Address</b> _____	<b>Telephone</b> _____	<b>Fax</b> _____
<b>Construction Contractor's Name</b> _____	<b>WI Lic. No.</b> _____	<b>Mailing Address</b> _____	<b>Telephone</b> _____
<b>Dwelling Contractor Qualifier</b> _____	<b>WI Lic. No.</b> _____	The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.	<b>Telephone</b> _____
<b>HVAC</b> _____	<b>WI Lic. No.</b> _____	<b>Mailing Address</b> _____	<b>Telephone</b> _____
<b>Electrical</b> _____	<b>WI Lic. No.</b> _____	<b>Mailing Address</b> _____	<b>Telephone</b> _____
<b>Plumbing</b> _____	<b>WI Lic. No.</b> _____	<b>Mailing Address</b> _____	<b>Telephone</b> _____

<b>RESIDENTIAL</b> <small>Single Family/Duplex</small>	<b>Addition:</b> <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction	sq. ft. <input type="checkbox"/> Erosion Control
	<b>Detached Accessory Building:</b> <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction	sq. ft.
	<b>Remodel:</b> <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction	sq. ft.
	<b>Other:</b> <input type="checkbox"/> Fence <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Electrical Service Upgrade (Amp _____) <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/>	sq. ft. <input type="checkbox"/> Erosion Control

<b>COMMERCIAL</b>	<b>New Commercial Building:</b> <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control
	<b>Commercial Addition/Alteration:</b> <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control
	<b>Building Sq. Ft.</b> _____ <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/> _____
<b>State of Wisconsin Plan Approval Needed:</b> <input type="checkbox"/> yes <input type="checkbox"/> no (Approved plans must be submitted with permit application)	

**Zoning – When applicable, must obtain a copy of setback information regarding height, lot coverage, etc.**

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 page 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.

<b>FEES:</b>	<b>PERMIT(S) ISSUED</b>	<b>PERMIT ISSUED BY:</b>
Construction \$ _____ Plumbing \$ _____ Electrical \$ _____ HVAC \$ _____ Zoning \$ _____ Other \$ _____ Administrative \$ _____ <b>GEI</b> Total Permit Fee \$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other	Name <b>JEREMY PHILLIS</b> Date _____ Telephone <b>608-697-7807</b> Cert No. <b>1422121</b> Census _____