

FOR INSPECTIONS CALL: _____	GENERAL BUILDING PERMIT APPLICATION GENERAL ENGINEERING COMPANY OFFICE: (608) 745-4070 FAX: (608) 745-5763	PERMIT # _____
Parcel Number: _____	Property is Located in <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of _____	EXPIRATION DATE: _____
PROJECT DESCRIPTION (Submit Building Plans & Site Plan)		Municipality Number _____

Building Project Address: _____	Does this project require any additional approvals or permits? <input type="checkbox"/> yes <input type="checkbox"/> no
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Zoning District(s): _____	Zoning Permit No.: _____	Corner Lot <input type="checkbox"/> yes <input type="checkbox"/> no	Bidg. Height Ft. _____	Setbacks: _____	Front _____	Rear _____	Left _____	Right _____
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Owner's Name(s) _____	Mailing Address _____	Telephone _____	Email _____
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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 <small>Single Family/Duplex</small>	Addition: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control
	Detached Accessory Building: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.
	Remodel: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft.
	Other: <input type="checkbox"/> Fence <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction _____ sq. ft. <input type="checkbox"/> Erosion Control <input type="checkbox"/> Electrical Service Upgrade (Amp _____) <input type="checkbox"/> Removal of Structure (Raze) <input type="checkbox"/> _____

COMMERCIAL	New Commercial Building: _____ Bldg. Sq. Ft. <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control
	Commercial Addition/Alteration: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control _____ Building Sq. Ft. <input type="checkbox"/> Electrical Service (Amp _____) <input type="checkbox"/> Fence <input type="checkbox"/> Sign <input type="checkbox"/> Removal of Structure (Raze)
	State of Wisconsin Plan Approval Needed: <input type="checkbox"/> yes <input type="checkbox"/> 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 \$ _____	<input type="checkbox"/> Construction	Name _____
Plumbing \$ _____	<input type="checkbox"/> HVAC	Date _____ Telephone _____
Electrical \$ _____	<input type="checkbox"/> Electrical	Cert No. _____ Census Code _____
HVAC \$ _____	<input type="checkbox"/> Plumbing	www.generalengineering.net
Zoning \$ _____	<input type="checkbox"/> Erosion Control	VER. 1/3/2018
Other \$ _____	<input type="checkbox"/> Other _____	
Administrative \$ _____		
Total Permit Fee \$ _____		

Cautionary Statement to Owners Obtaining Building Permits

101.65(1r) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654(2)(a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one and two family dwelling code or an ordinance enacted under s. 101.654(1)(a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

I vouch that I am or will be 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 above.

Wetlands Notice to Permit Applicants

You are responsible for complying with State and Federal laws concerning the construction near or on wetlands, lakes and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs may incur. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

Additional Responsibilities for Owners of Projects Disturbing One or More Acre of Soil

I understand that this project is subject to Ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

Cautionary Statement to Contractors for Projects Involving Building Built Before 1978

If this project is in a dwelling or child-occupied facility built before 1978 and disturbs 6 sq. ft. or more of paint per room, 20 sq. ft. or more of exterior paint or involves windows, then the requirements of DHS Ch. 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608) 261-6876 or go to the Wisconsin Department of Health Services lead homepage for details of how to be in compliance.

Contractor Credential Requirements

All contractors shall possess an appropriate contractor credential issued by the Wisconsin Division of Industry Services. Contractors are also required to only subcontract with contractors that hold the appropriate contractor credential.

By signing this document, owner confirms that he/she has read and understands all of the above stated information.

Owner's Signature: _____ Date: _____