

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73		<h2 style="margin:0;">Wisconsin Uniform Building Permit Application</h2> <p style="font-size: small; margin: 5px 0;">Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]</p>			Application No. _____ Parcel No. _____	
PERMIT REQUESTED		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other: _____				
Owner's Name		Mailing Address			Tel.	
Contractor Name & Type		Lic/Cert#	Mailing Address		Tel. & Fax	
Dwelling Contractor (Constr.)						
Dwelling Contr. Qualifier		The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.				
HVAC						
Electrical						
Plumbing						
PROJECT LOCATION		Lot area Sq.ft.	<input type="checkbox"/> One acre or more of soil will be disturbed <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____		_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W	
Building Address		County		Subdivision Name		Lot No.
Zoning District(s)		Zoning Permit No.		Setbacks:	Front ft.	Rear ft.
					Left ft.	Right ft.
1. PROJECT		3. OCCUPANCY		6. ELECTRIC		9. HVAC EQUIP.
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____		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: _____
2. AREA INVOLVED (sq ft)		4. CONST. TYPE		7. WALLS		12. ENERGY SOURCE
	Unit 1	Unit 2	Total	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other: _____		Fuel Nat Gas LP Oil Elec Solid Solar Geo Space Htg _____ Water Htg _____
Unfin. Bsm't				<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		
Living Area				5. STORIES		13. HEAT LOSS
Garage				<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plus Basement		_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)
Deck/Porch				8. USE		
Totals				<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____		14. EST. BUILDING COST w/o LAND
				10. SEWER		\$
				<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____		
				11. WATER		
				<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well		
I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; 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 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. <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 reverse side of the last ply of this form.						
APPLICANT (Print:) _____ Sign: _____ 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. <input type="checkbox"/> See attached for conditions of approval.						
ISSUING JURISDICTION		<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State →		State-Contracted Inspection Agency#:		Municipality Number of Dwelling Location
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:
Plan Review	\$ _____	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control				Name _____
Inspection	\$ _____					Date _____ Tel. _____
Wis. Permit Seal	\$ _____					
Other	\$ _____					