

		Building Permit Application					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			Email:		Tel.		
Contractor Name & Type		Lic/Cert# Exp Date	Mailing Address			Tel. & Email			
Dwelling Contractor (Constr.)									
Dwelling Contr. Qualifier			The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.						
HVAC									
Electrical Contractor									
Electrical Master Electrician									
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.	Block No.		
Zoning District(s)		Zoning Permit No.		Setbacks:	Front ft.	Rear ft.	Left ft.	Right ft.	
1. PROJECT	<input type="checkbox"/> New	<input type="checkbox"/> Alteration	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Raze	<input type="checkbox"/> Move	<input type="checkbox"/> Other		
2. AREA INVOLVED (sq ft)		Unit 1		Unit 2		Total			
Unfin. Bsmt.									
Living Area									
Garage									
Deck/Porch									
Totals									
3. OCCUPANCY	<input type="checkbox"/> Garage	<input type="checkbox"/> Other	4. USE	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Permanent	<input type="checkbox"/> Other:			
5. CONSTRUCTION TYPE	<input type="checkbox"/> Site Built	<input type="checkbox"/> Manufactured							
6. STORIES	<input type="checkbox"/> 1-Story	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Other:	7. EST. BUILDING COST w/o LAND		\$			
8. WALLS	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Steel	<input type="checkbox"/> ICF	<input type="checkbox"/> Timber/Pole	<input type="checkbox"/> Other	9. ELECTRIC	Panel Amps: _____	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead
<p>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.</p> <p><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.</p>									
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.								
ISSUING JURISDICTION	<input type="checkbox"/> Town of	<input type="checkbox"/> County of	<input type="checkbox"/> Village of	<input type="checkbox"/> State	<input type="checkbox"/> City of	State-Contracted Inspection Agency#:	Municipality Number of Dwelling Location _____ - _____		
FEES:		PERMIT(S) ISSUED			PERMIT ISSUED BY:				
Plan Review	\$	<input type="checkbox"/> Construction			Name _____				
Inspection	\$	<input type="checkbox"/> HVAC			Date _____	Tel. _____			
Other	\$	<input type="checkbox"/> Electrical			Cert No. _____				
Total	\$	<input type="checkbox"/> Plumbing			Email: _____				
		<input type="checkbox"/> Erosion Control							