

Wisconsin Division of Safety and Buildings Wisconsin Stats. 101.63, 101.73	<b>WISCONSIN UNIFORM BUILDING PERMIT APPLICATION</b> 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))]	Application No. _____ Parcel No. _____
<b>PERMIT REQUESTED</b> <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input checked="" type="checkbox"/> Other: Occupancy		
Owner's Name _____		Mailing Address _____
Contractor Name & Type _____		Lic/Cert# _____
Dwelling Contractor (Constr.) _____		Mailing Address _____
Dwelling Contr. Qualifier _____		The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.
HVAC _____		
Electrical _____		
Plumbing _____		
<b>PROJECT LOCATION</b>	Lot area Sqft. _____	<input type="checkbox"/> One acre or more of soil will be disturbed
Building Address _____		Subdivision Name _____
Zoning District(s) _____		Zoning Permit No. _____
Setbacks: _____		Front _____
_____		Rear _____
_____		Left _____
_____		Right _____
<b>1. PROJECT</b>		<b>3. OCCUPANCY</b>
<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: _____ Re-Roof Accessory Bldg    Deck		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____
<b>2. AREA INVOLVED (sq ft)</b>		<b>4. CONST. TYPE</b>
	Unit 1    Unit 2    Total	<input type="checkbox"/> Site-Built
Unfin. Bsmt		<input type="checkbox"/> Mfd. per WI UDC
Living Area		<input type="checkbox"/> Mfd. per US HUD
Garage		<b>5. STORIES</b>
Deck		<input type="checkbox"/> 1-Story
Totals		<input type="checkbox"/> 2-Story
		<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Plus Basement
		<b>6. ELECTRIC</b>
		Entrance Panel _____
		Amps: _____
		<input type="checkbox"/> Underground
		<input type="checkbox"/> Overhead
		<b>7. WALLS</b>
		<input type="checkbox"/> Wood Frame
		<input type="checkbox"/> Steel
		<input type="checkbox"/> ICF
		<input type="checkbox"/> Timber/Pole
		<input type="checkbox"/> Other: _____
		<b>8. USE</b>
		<input type="checkbox"/> Seasonal
		<input type="checkbox"/> Permanent
		<input type="checkbox"/> Other: _____
		<b>9. HVAC EQUIP.</b>
		<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: _____
		<b>10. SEWER</b>
		<input type="checkbox"/> Municipal
		<input type="checkbox"/> Sanitary Permit# _____
		<b>11. WATER</b>
		<input type="checkbox"/> Municipal
		<input type="checkbox"/> On-Site Well
		<b>12. ENERGY SOURCE</b>
		Fuel    Nat Gas    LP    Oil    Elec    Solid    Solar
		Space Htg <input type="checkbox"/>
		Water Htg <input type="checkbox"/>
		<input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.
		<b>13. HEAT LOSS</b>
		_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on Rescheck report)
		<b>14. EST. BUILDING COST w/o LAND</b>
		\$ _____
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 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.		
<b>APPLICANT'S SIGNATURE</b> _____		<b>DATE SIGNED</b> _____
<b>APPROVAL CONDITIONS</b> 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.		
ROUGH (ELECTRICAL, PLUMBING, HVAC) INSPECTIONS MUST BE INSPECTED PRIOR TO DRYWALL INSTALATION!		
FAILURE TO CALL FOR INSPECTIONS WILL RESULT IN VIOLATIONS AND NON-COMPLIANCE ORDERS.		
<b>ISSUING JURISDICTION</b> OCCUPANCY		
<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State → City of Delavan		State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location _____
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>
Plan Review	\$ _____	<input type="checkbox"/> Construction
Inspection	\$ _____	<input type="checkbox"/> HVAC
Wis. Permit Seal	\$ _____	<input type="checkbox"/> Electrical
Other	\$ _____	<input type="checkbox"/> Plumbing
Total	\$ <b>\$85.00</b>	<input type="checkbox"/> Erosion Control
		<b>Occupancy</b>
		<b>WIS PERMIT SEAL #</b>
		<b>PERMIT ISSUED BY:</b>
		Name _____
		Date _____ Tel. _____
		Cert No. _____