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| Wisconsin Division<br>of Safety and Buildings<br><br>Wisconsin Stats. 101.63, 101.73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <h2 style="margin:0;">Wisconsin Uniform Building<br/>Permit Application</h2> <p style="margin:0;"><b>Instructions on back of second ply.</b> The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]</p> | Application No.<br><br>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 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>PROJECT LOCATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lot area<br>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.                                                                                                                                                                                                       | <b>Setbacks:</b>                                                                                      | Front<br>ft.                                                                                                                | Rear<br>ft.                                                                                                                                                                      | Left<br>ft.                                                                                                                                                                                                                                                          | Right<br>ft.                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>1. PROJECT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                               | <b>3. OCCUPANCY</b>                                                                                                                                                                                                     |                                                                                                       | <b>6. ELECTRIC</b>                                                                                                          |                                                                                                                                                                                  | <b>9. HVAC EQUIP.</b>                                                                                                                                                                                                                                                |                                                                                                                                     | <b>12. ENERGY SOURCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> New <input type="checkbox"/> Repair<br><input type="checkbox"/> Alteration <input type="checkbox"/> Raze<br><input type="checkbox"/> Addition <input type="checkbox"/> Move<br><input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                               | <input type="checkbox"/> Single Family<br><input type="checkbox"/> Two Family<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other:                                                                     |                                                                                                       | Entrance Panel<br>Amps: _____<br><input type="checkbox"/> Underground<br><input type="checkbox"/> Overhead                  |                                                                                                                                                                                  | <input type="checkbox"/> Furnace<br><input type="checkbox"/> Radiant Basebd<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Boiler<br><input type="checkbox"/> Central AC<br><input type="checkbox"/> Fireplace<br><input type="checkbox"/> Other: |                                                                                                                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar Geo</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |  | Fuel | Nat Gas | LP | Oil | Elec | Solid | Solar Geo | Space Htg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Htg | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fuel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Nat Gas                                                                                                                                                                                                                                                       | LP                                                                                                                                                                                                                      | Oil                                                                                                   | Elec                                                                                                                        | Solid                                                                                                                                                                            | Solar Geo                                                                                                                                                                                                                                                            |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Space Htg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                             |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Water Htg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                                                | <input type="checkbox"/>                                                                              | <input type="checkbox"/>                                                                                                    | <input type="checkbox"/>                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                             |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>2. AREA INVOLVED (sq ft)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                               | <b>4. CONST. TYPE</b>                                                                                                                                                                                                   |                                                                                                       | <b>7. WALLS</b>                                                                                                             |                                                                                                                                                                                  | <b>10. SEWER</b>                                                                                                                                                                                                                                                     |                                                                                                                                     | <b>13. HEAT LOSS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Unit 1                                                                                                                                                                                                                                                        | Unit 2                                                                                                                                                                                                                  | Total                                                                                                 | <input type="checkbox"/> Site-Built<br><input type="checkbox"/> Mfd. per WI UDC<br><input type="checkbox"/> Mfd. per US HUD | <input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Steel<br><input type="checkbox"/> ICF<br><input type="checkbox"/> Timber/Pole<br><input type="checkbox"/> Other: | <input type="checkbox"/> Municipal<br><input type="checkbox"/> Sanitary Permit# _____                                                                                                                                                                                | _____ BTU/HR Total Calculated<br>Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Unfin. Bsmt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                       | <b>5. STORIES</b>                                                                                                           | <b>8. USE</b>                                                                                                                                                                    | <b>11. WATER</b>                                                                                                                                                                                                                                                     | <b>14. EST. BUILDING COST w/o LAND</b>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Living Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Garage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                       | <input type="checkbox"/> 1-Story<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Other:                     | <input type="checkbox"/> Seasonal<br><input type="checkbox"/> Permanent<br><input type="checkbox"/> Other:                                                                       | <input type="checkbox"/> Municipal<br><input type="checkbox"/> On-Site Well                                                                                                                                                                                          | \$ _____                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Deck/Porch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                       | <input type="checkbox"/> Plus Basement                                                                                      |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <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> |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>APPLICANT (Print:)</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                       | <b>Sign:</b> _____                                                                                                          |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      | <b>DATE</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. |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
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| <b>ISSUING JURISDICTION</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 →                                               |                                                                                                       |                                                                                                                             | State-Contracted Inspection Agency#:                                                                                                                                             |                                                                                                                                                                                                                                                                      | Municipality Number of Dwelling Location                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>FEES:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                               | <b>PERMIT(S) ISSUED</b>                                                                                                                                                                                                 |                                                                                                       | <b>WIS PERMIT SEAL #</b>                                                                                                    |                                                                                                                                                                                  | <b>PERMIT ISSUED BY:</b>                                                                                                                                                                                                                                             |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Plan Review                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ _____                                                                                                                                                                                                                                                      | <input type="checkbox"/> Construction<br><input type="checkbox"/> HVAC<br><input type="checkbox"/> Electrical<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> Erosion Control                          |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  | Name _____                                                                                                                                                                                                                                                           |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$ _____                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  | Date _____ Tel. _____                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Wis. Permit Seal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$ _____                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  | Cert No. _____                                                                                                                                                                                                                                                       |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ _____                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ _____                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                         |                                                                                                       |                                                                                                                             |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |         |    |     |      |       |           |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |

## INSTRUCTIONS

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and building plans and specifications to the enforcing jurisdiction, which is usually your municipality or county. Permit application data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration.

**Please type or use ink and press firmly with multi-ply form.**

### PERMIT REQUESTED

- Check off type of Permit Requested, such as structural, HVAC, Electrical or Plumbing.
- Fill in owner's current Mailing Address and Telephone Number.
- If the project will disturb one acre or more of soil, the project is subject to the additional erosion control and stormwater provisions of ch. NR 151 of the WI Administrative Code. Checking this box will satisfy the related notification requirements of ch. NR 216.
- Fill in Contractor and Contractor Qualifier Information. Per s. 101.654 (1) WI Stats., an individual taking out an erosion control or construction permit shall enter his or her dwelling contractor certificate number, and name and certificate number of the dwelling contractor qualifier employed by the contractor, unless they reside or will reside in the dwelling. Per s. 101.63 (7) Wis. Stats., the master plumber name and license number must be entered before issuing a plumbing permit.

### PROJECT LOCATION

- Fill in Building Address (number and street or sufficient information so that the building inspector can locate the site.
- Local zoning, land use and flood plain requirements must be satisfied before a building permit can be issued. County approval may be necessary.
- Fill in Zoning District, lot area and required building setbacks.

PROJECT DATA - Fill in all numbered project data blocks (1-14) with the required information. All data blocks must be filled in, including the following:

2. Area (involved in project):
  - Basements - include unfinished area only
  - Living area - include any finished area including finished areas in basements
  - Two-family dwellings - include separate and total combined areas
3. Occupancy - Check only "Single-Family" or "Two-Family" if that is what is being worked on. In other words, do not check either of these two blocks if only a new detached garage is being built, even if it serves a one or two family dwelling. Instead, check "Garage" and number of stalls. If the project is a community based residential facility serving 3 to 8 residents, it is considered a single-family dwelling.
9. HVAC Equipment - Check only the major source of heat, plus central air conditioning if present. Only check "Radiant Baseboard" if there is no central source of heat.
10. Plumbing - A building permit cannot be issued until a sanitary permit has been issued for any new or affected existing private onsite wastewater treatment system.
14. Estimated Cost - Include the total cost of construction, including materials and market rate labor, but not the cost of land or landscaping.

SIGNATURE – The owner or the contractor's authorized agent shall sign and date this application form. If you do not possess the Dwelling Contractor certification, then you will need to check the owner-occupancy statement for any erosion control or construction permits.

CONDITIONS OF APPROVAL - The authority having jurisdiction uses this section to state any conditions that must be complied with pursuant to issuing the building permit.

ISSUING JURISDICTION: This must be completed by the authority having jurisdiction.

- Check off Jurisdiction Status, such as town, village, city, county or state and fill in Municipality Name
- Fill in State Inspection Agency number only if working under state inspection jurisdiction.
- Fill in Municipality Number of Dwelling Location
- Check off type of Permit Issued, such as construction, HVAC, electrical or plumbing.
- Fill in Wisconsin Uniform Permit Seal Number, if project is a new one- or two-family dwelling.
- Fill in Name and Inspector Certification Number of person reviewing building plans and date building permit issued.

INSPECTORS: PLEASE RETURN SECOND PLY WITHIN 30 DAYS AFTER ISSUANCE TO (You may fold along the dashed lines and insert this form into a window envelope.):

Safety & Buildings Division  
P O Box 2509  
Madison, WI 53701-2509

(Part of Ply 4 for Applicants)

### **Cautionary Statement to Owners Obtaining Building Permits**

101.65(lr) 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 sub. (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.

### **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 ch. DHS 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

### **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. 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.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Contractor Credential Requirements**

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