

**WISCONSIN
UNIFORM BUILDING PERMIT
APPLICATION**

PERMIT NO. _____

PARCEL NO. _____

**ISSUING
MUNICIPALITY**

TOWN VILLAGE CITY
OF _____
COUNTY _____

PROJECT LOCATION
(Building Address)

PROJECT DESCRIPTION

Owner's Name	Mailing Address		Tel
Dwelling Contractor Qualifier	Lic/Cert#	Mailing Address	Tel
Construction Contractor	Lic/Cert#	Mailing Address	Tel
Plumbing Contractor	Lic/Cert#	Mailing Address	Tel
Electrical Contractor	Lic/Cert#	Mailing Address	Tel
HVAC Contractor	Lic/Cert#	Mailing Address	Tel

PROJECT INFORMATION

Lot area: _____ Sq. ft. Subdivision Name: _____

Lot No.: _____ Block No.: _____
Setbacks: Front: _____ ft. Rear: _____ ft. Left: _____ ft. Right: _____ ft.

1. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:	3. OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	6. ELECTRICAL Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	9. HVAC EQUIPMENT <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	12. ENERGY SOURCE <table border="1"> <tr> <th>Fuel</th> <th>Nat Gas</th> <th>LP</th> <th>Oil</th> <th>Elec</th> <th>Solid</th> <th>Solar</th> </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> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>										
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																			
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"/>																			
2. AREA INVOLVED Bsmt. _____ sq.ft. Living Area _____ sq.ft. Garage _____ sq.ft. Decks _____ sq.ft. Other _____ sq.ft. Total _____ sq.ft.	4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mft: (WI UDC <input type="checkbox"/> U.S. HUD	7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:	10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:	13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																					
	5. STORIES <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	14. EST. BUILDING COST \$ _____																					

I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, expressed or implied, on the state, municipality, inspection agency or inspector; and certify that all the above information is accurate. If I am an owner applying for an erosion control or construction permit, I have read the cautionary statement regarding contractor financial responsibility. 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 that is being done.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for additional conditions of approval.

WI Seal No. _____ Municipality No. _____

FEES:	PERMIT NUMBER	RECEIPT	PERMIT ISSUED BY:
Building \$ _____ Electric \$ _____ Plumbing \$ _____ Hvac \$ _____ Wis. State Seal \$ _____ Other \$ _____ Total \$ _____	Elec. # _____ Plmb. # _____ HVAC # _____	CK # _____ Amount \$ _____ Date _____ From _____	Name _____ Date _____ Phone _____ Cert No. _____

Village of Sister Bay
2012 Zoning and Building Permit Fee Analysis

PIN _____

Property Identification Number _____ Date _____

Property Owner Name _____

Property Address _____

Describe Activity _____

Zoning Fees

Zoning Permit \$ _____

Other Permit/Fee \$ _____ (Calculation attached)

Building Permit Fees (Not Collected by Remark)

Electrical Inspection \$ _____

Up to 2,499 sq. ft. \$ _____ (\$0.20 per square foot)

Over 2,500 sq. ft. \$ _____ (\$500 + \$0.13 per square foot)

Total Zoning Fee Owed \$ _____

Total Building Fee Owed \$ _____

Date Paid _____

Date Zoning Permit Issued _____

Date Building Permit Issued _____

Should this project be reviewed by the Fire Department for sprinklers? **Yes / No**
If yes send zoning permit to Fire Department.

Does this project owe impact fees? **Yes / No**
If yes send zoning permit to Utility Manager.

Does this project owe Sewer and Water connection fees? **Yes / No**
If yes send zoning permit to Utility Manager.

Attach copy of State plan review approval letter.

Notes / Comments: