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| Inspection Specialists LLC P.O. Box 22 Brussels, WI 54204 (920) 495-3232 | WISCONSIN UNIFORM BUILDING PERMIT APPLICATION | PERMIT NO. PARCEL NO. | | | | | | | | | | | | | | | | | | | | | | | |
| ISSUING MUNICIPALITY | <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> CITY OF _____ COUNTY _____ | PROJECT LOCATION (Building Address) _____ PROJECT DESCRIPTION _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Owner's Name _____ | Mailing Address _____ | Tel _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Dwelling Contractor Qualifier _____ | Lic/Cert# _____ | Mailing Address _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Construction Contractor _____ | Lic/Cert# _____ | Mailing Address _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Plumbing Contractor _____ | Lic/Cert# _____ | Mailing Address _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Electrical Contractor _____ | Lic/Cert# _____ | Mailing Address _____ | | | | | | | | | | | | | | | | | | | | | | | |
| HVAC Contractor _____ | Lic/Cert# _____ | Mailing Address _____ | | | | | | | | | | | | | | | | | | | | | | | |
| 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 7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____ | 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: _____ 10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____ 11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well | 12. ENERGY SOURCE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black;">Fuel</td> <td style="border: 1px solid black;">Nat Gas</td> <td style="border: 1px solid black;">LP</td> <td style="border: 1px solid black;">Oil</td> <td style="border: 1px solid black;">Elec</td> <td style="border: 1px solid black;">Solid</td> <td style="border: 1px solid black;">Solar</td> </tr> <tr> <td style="border: 1px solid black;">Space Htg</td> <td style="border: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border: 1px solid black;">Water Htg</td> <td style="border: 1px solid black;"><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity. 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) | 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"/> Mfd: (WI UDC <input type="checkbox"/> U.S. HUD 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: _____ | 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. <input type="checkbox"/> See attached for additional conditions of approval. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| WI Seal No. _____ | | | Municipality No. _____ | | | | | | | | | | | | | | | | | | | | | | |
| FEES: Building \$ _____ Electric \$ _____ Plumbing \$ _____ Hvac \$ _____ Wis. State Seal \$ _____ Other \$ _____ Total \$ _____ | PERMIT NUMBER Elec. # _____ Plmb. # _____ HVAC # _____ | RECEIPT CK # _____ Amount \$ _____ Date _____ From _____ | PERMIT ISSUED BY: Name _____ Date _____ Phone _____ Cert No. _____ | | | | | | | | | | | | | | | | | | | | | | |