

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73		<b>Wisconsin Uniform Building Permit Application</b>				Application No. _____	
		<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))]				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 _____ 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 _____ ft.	Rear _____ ft.	Left _____ ft.
Right _____ 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	<input type="checkbox"/> Single Family	Entrance Panel _____ Amps: _____	<input type="checkbox"/> Furnace	Fuel _____	Nat _____	LP _____	Oil _____
<input type="checkbox"/> Alteration <input type="checkbox"/> Raze	<input type="checkbox"/> Two Family	<input type="checkbox"/> Undergroud	<input type="checkbox"/> Radiant Basebd	Space Htg _____	Gas _____	_____	_____
<input type="checkbox"/> Addition <input type="checkbox"/> Move	<input type="checkbox"/> Garage	<input type="checkbox"/> Overhead	<input type="checkbox"/> Heat Pump	Water Htg _____	_____	_____	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<b>7. WALLS</b>	<input type="checkbox"/> Boiler	<input type="checkbox"/> Central AC	_____	_____	_____
<b>2. AREA INVOLVED (sq ft)</b>	<b>4. CONST. TYPE</b>	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Other: _____	<b>13. HEAT LOSS</b>		
Unfin. Bsmt _____	<input type="checkbox"/> Site-Built	<input type="checkbox"/> Steel	<input type="checkbox"/> ICF	<input type="checkbox"/> Timber/Pole	_____ BTU/HR Total Calculated		
Living Area _____	<input type="checkbox"/> Mfd. per WI UDC	<input type="checkbox"/> ICF	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)		
Garage _____	<input type="checkbox"/> Mfd. per US HUD	<input type="checkbox"/> Other: _____	<b>8. USE</b>	<input type="checkbox"/> Seasonal	<b>10. SEWER</b>	_____	_____
Deck/ Porch _____	<b>5. STORIES</b>	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Permanent	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Municipal	_____	_____
Totals _____	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Sanitary Permit# _____	_____	_____
	<input type="checkbox"/> Plus Basement	<b>11. WATER</b>	<input type="checkbox"/> On-Site Well	<input type="checkbox"/> On-Site Well	<b>14. EST. BUILDING COST w/o LAND</b>	_____	_____
		<input type="checkbox"/> Municipal			\$ _____		
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.							
<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.							
<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.					
<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 \$ _____	Inspection \$ _____	Wis. Permit Seal \$ _____	Other \$ _____	Total \$ _____	<input type="checkbox"/> Construction	<input type="checkbox"/> HVAC	<input type="checkbox"/> Electrical
					<input type="checkbox"/> Plumbing	<input type="checkbox"/> Erosion Control	Name _____
							Date _____ Tel. _____
							Cert No. _____

SBD-5823(R06/14) Distribute:  Ply 1 - Issuing Jurisdiction;  Ply 2- Issuer forwards to state w/in 30 days;  Ply 3- Inspector;  Ply 4- Applicant