

## **UNIFORM PERMIT APPLICATION**

BOICDING INSPECTION													
PART I To Be Completed By Applicant (please print or type)  JOB ADDRESS (street number & name)							SUBDIV	SUBDIVISION					
PROJECT	□NEW BUILDIN	g	□alterat	ION OR REPAI	R TO EXIST	ING □M	OVING	DEMOLITION [	OTHER_				
BUILDING TYPE	□SINGLE FAMILY □DUPLEX □MULTI-FAMILY □COMMERCIAL/INDUSTRIAL □GARAGE/STORAGE □OTHER												
WORK TYPE	□BUILDING CONSTRUCTION □ELECTRICAL □PLUMBING □HVAC □OTHER												
ESTIMATED COSTS (LABOR & MATERIALS)	CONSTRUCTION(\$			PLUMBING (\$)		HVAC (\$)		OTHER (\$)		TOTAL (\$)			
JOB DESCRIPTION		L											
OWNER'S NAME		OWNER'S A	DDRESS (inc	clude zip cod	e)				С	ONTAC	CT PHONE #		
Contractor Name & Type		Lic/Cert#	Ma	iling Address	,				Contact I	Phone#	# & E-mail		
Dwelling Contractor (Constr	ructr.) Name												
Dwelling Contractor Qualifier Name			actor Qualifier shall be an owner, CEO, ee of Dwelling Contractor										
Electrical Contractor Name													
Plumbing Contractor Name													
Heating/Cooling Contractor	Name												
BUILDING FEATURES (NEW BUILDINGS AND ADDITIONS ONLY)			# Of Levels (include basement)				Foundation (concrete, masonry, etc.)  Concrete			Site Constructed or Pre-Fab			
Electrical Service Size (amps)	Overhead or Underground Overhead			Water (municipal or private)  Municipal				Sewer (municipal or septic)  Municipal			Sanitary Permit # (If applicable)		
Attached or Detached Garage	Space Heating (forced, hot water, etc.) Forced			Space Heating Fuel (natural gas, electric.)				Water Heating Fuel			Central Air Conditioning?		
I, THE UNDERSIGNED, DO HERE STATUTES OF THE STATE OF WI BUILDING INSPECTION DEPARTI	SCONSIN, CONFIRM												
SIGNATURE OF APPLICANT								APPLICATION DATE			CONSTRUCTION START DATE		
PART II To Be Comp	leted By Bui	Iding Officia	al			Į.							
Application #	Date Approved		PERMITS ISSUED			[	☐ BLDG ☐ ELEC ☐ PLBG [			☐ HVAC ☐ OTHER			
APPROVED BUILDING USE	J	BUILDING OFFIC	IAL	W.U.B.P.S#	AREA (SQ.		BASEMENTS	LIVING AREA	GARAGE		OTHER		
	BUILDING	ELECTRICAL	PLUMBING	HVAC	10.4	ZONING	V	V.U.B.P.S.	UTILTIY	Т	OTAL		
PERMIT FEES (\$)	WATER IMPACT	FIRE IMPACT	EROSION	PLAN RI	EVIEW	N OCCUPANCY OTHER		DTHER	OTHER				
CONDITIONS OF AP PERMIT OR OTHER PENALTIES.	PROVAL THIS	S PERMIT IS ISSUE	D PRUSUANT	TO THE FOLLO	WING COI	NDITIONS. F	AILURE TO (	COMPLY MAY RI	ESULT IN SU	SPENSIC	ON OR REVOCATION O	F THIS	
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