

.FEES LISTED ON THE PLUMBING, ELECTRICAL, AND HVAC FORMS ARE NOT CURRENT
.CONTACT BUILDING INSPECTOR JOE MESLER (262) 215-3711 FOR THE CORRECT FEES

Wisconsin Division of Safety and Buildings

Wisconsin Uniform Building Permit Application

Application No. _____

Wisconsin Stats. 101.63, 101.73

Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]

Parcel No. _____

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name	Mailing Address	Tel.
Contractor Name & Type	Lic/Cert#	Mailing Address
Dwelling Contractor (Constr.)		Tel. & Fax
Dwelling Contr. Qualifier	The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.	
HVAC		
Electrical		
Plumbing		

PROJECT LOCATION Lot area Sq.ft. One acre or more of soil will be disturbed Town Village 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. _____ Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

1. PROJECT			3. OCCUPANCY		6. ELECTRIC		9. HVAC EQUIP.		12. ENERGY SOURCE																													
<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:			<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:		<table border="1"> <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"/>							
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2. AREA INVOLVED (sq ft)			4. CONST. TYPE		7. WALLS		10. SEWER		13. HEAT LOSS																													
	Unit 1	Unit 2	Total	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____		_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)																												
Unfin. Bsmt				5. STORIES		8. USE		11. WATER		14. EST. BUILDING COST w/o LAND																												
Living Area				<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other:		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		<input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well		\$ _____																												
Garage				<input type="checkbox"/> Plus Basement																																		
Deck/Porch																																						
Totals																																						

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.

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.

APPLICANT (Print:) _____ **Sign:** _____ **DATE** _____

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 conditions of approval.

ISSUING JURISDICTION Town of Village of City of County of State → State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location _____

FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Construction		Name _____
Inspection \$ _____	<input type="checkbox"/> HVAC		Date _____ Tel. _____
Wis. Permit Seal \$ _____	<input type="checkbox"/> Electrical		Cert No. _____
Other \$ _____	<input type="checkbox"/> Plumbing		
Total \$ _____	<input type="checkbox"/> Erosion Control		

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.

Issuing Municipality	ELECTRICAL PERMIT APPLICATION		Permit No. _____
			Tax Key# _____
	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	PROJECT LOCATION (Building Address)	
Of _____	PROJECT DESCRIPTION	<input type="checkbox"/> commercial <input type="checkbox"/> one/ two family	
Owner's Name _____	Mailing Address – Include City & Zip _____	Telephone – Include Area Code _____	
Contractor's Name _____	Mailing Address – Include City & Zip _____	Telephone – Include Area Code _____	
Estimated Cost _____	Contractor's License Number _____		

	EACH	COUNT	FEE
1 & 2 FAMILY – NEW BUILDING/ADDITION	Base Fee per unit	\$35.00	
	Plus	\$0.035/Sq.Ft.	
		For All Areas	
COMMERCIAL – NEW BUILDING/ADDITION	Base Fee per unit	\$40.00	
	Plus	\$0.045/Sq.Ft.	
		For All Areas	

REPLACEMENT, REMODEL				Base Fee plus Individual Fees Listed Below:			
COUNT	EACH	FEE		COUNT	EACH	FEE	
	Alarm System per Opening	\$5.00			Water Fountain	\$5.00	
	Switch/Receptacle	\$0.50			Well Repair/Extension	\$10.00	
	Light fixture	\$1.00			Hot Tub	\$10.00	
	Pole Light-Mercury	\$5.00			Spa Tub	\$5.00	
	Electric Range/Oven	\$5.00			Swimming Pool Above Ground	\$5.00	
	Electric Water Heater	\$5.00			Swimming Pool Below Ground	\$15.00	
	Electric Clothes Dryer	\$5.00			Ceiling Fan	\$5.00	
	Electric Well Pump	\$5.00			Service Chg. over up to 200amps	\$10.00	
	Garbage Disposal	\$5.00			New Service up to 200amps	\$30.00	
	Trash Compactor	\$5.00			New Service 201- 320 amps	\$15.00	
	Dishwasher	\$5.00			New Service 321-1000amps	\$40.00	
	Exhaust Fans	\$5.00			Generator	\$10.00	
	Sump/Ejector Pump	\$5.00			Feeder Panel	\$5.00	
	Boiler/Furnace	\$5.00			Power Recept. 230-480 volts	\$15.00	
	Refrigerator	\$5.00			Sign	\$10.00	
	Water Heater	\$5.00			Motor per Horse Power	\$2.00	
	Water Softener	\$5.00			X-Ray	\$5.00	
	Electric Heating Unit	\$5.00			OTHER- See Inspector		
	Temporary Service	\$5.00			BASE FEE:		
	Air Conditioner	\$5.00			TOTAL FEES:		

Minimum Permit Fees\$40.00
 Re-Inspect Fees\$40.00
 Failure to Call for Inspection\$40.00
FEES ARE DOUBLE IF WORK IS STARTED BEFORE PERMIT IS ISSUED

INSPECTIONS NEEDED
 ROUGH **SERVICE** **FINAL**

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.
Have Permit/Application number and address when requesting inspections. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ DATE _____

FEES:	RECEIPT	PERMIT EXPIRATION	PERMIT ISSUED BY:
Inspection Fees _____	CK# _____	Permit expires TWO years from date issued unless otherwise noted below: _____	NAME: _____
Plan Review _____	Date _____		Date: _____
TOTAL _____	From _____		Certification #: _____

HEATING, VENTILATING & AIR CONDITIONING PERMIT APPLICATION

Permit No. _____

Tax Key# _____

**Issuing
Municipality**

Town Village City

Of _____

PROJECT LOCATION
(Building Address)

PROJECT DESCRIPTION

commercial one/ two family

Owner's Name _____

Mailing Address – Include City & Zip _____

Telephone – Include Area Code _____

Contractor's Name _____

Mailing Address – Include City & Zip _____

Telephone – Include Area Code _____

Estimated Cost _____

Contractor's License Number _____

SCHEDULE OF INSPECTION FEES

		EACH	COUNT	FEE
1 & 2 FAMILY – NEW BUILDING/ADDITION	Base Fee per unit	\$35.00	_____	_____
	Plus	\$0.035/Sq.Ft.	_____	_____
		For All Areas	_____	_____
COMMERCIAL – NEW BUILDING/ADDITION	Base Fee per unit	\$35.00	_____	_____
	Plus	0.035/Sq.Ft.	_____	_____
		For All Areas	_____	_____

REPLACEMENT, REMODEL

Base Fee plus Individual Fees Listed Below:

COUNT	1&2 FAMILY	EACH	FEE		COUNT	COMMERCIAL	EACH	FEE
	Furnace / Boiler	\$10.00				Furnace / Boiler	\$40.00	
	Air Conditioner	\$10.00				Air Conditioner	\$40.00	
	Duct Alteration	\$10.00				Duct Alteration	\$30.00	
	Exhaust Hood System	\$40.00				Exhaust Hood System	\$40.00	
	FIREPLACE/WOOD STOVE/BASEBOARD/ WALL UNIT	\$10.00				FIREPLACE/WOOD STOVE/BASEBOARD/ WALL UNIT	\$10.00	
	MISC. - See Inspector					MISC. - See Inspector		
	BASE FEE:					BASE FEE:		
	TOTAL FEES:					TOTAL FEES:		

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SIGNATURE OF APPLICANT _____

DATE _____

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Inspection Fees _____	CK# _____	Permit expires TWO years from date issued unless otherwise noted below:	NAME: _____
Plan Review _____	Date _____		Date: _____
TOTAL _____	From _____		Certification #: _____

White – Municipal Files

Yellow – Inspection Office

Pink - Applicant