

FOR INSPECTIONS CALL _____	<b>GENERAL BUILDING PERMIT APPLICATION</b>	PERMIT # _____
		EXPIRATION _____

<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 Inspection Agency#	Municipality# of Dwelling Location _____
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<b>PROJECT LOCATION</b>	Lot Area _____ Sq. ft.	Finished Project Value \$ _____	Parcel Number _____
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Building Address: _____	Subdivision Name: _____	Lot / Block No: _____
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Zoning District(s): _____	Zoning Permit No.: _____	Corner Lot <input type="checkbox"/> yes <input type="checkbox"/> no	Bldg. Height _____ ft.	Setbacks: _____	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.
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Owner's Name	Mailing Address	Telephone _____
		Fax _____

Construction Contractor's Name	Wis. Lic.# _____	Mailing Address	Telephone _____
			Fax _____

Plumbing Contractor's Name	Wis. Lic.# _____	Mailing Address	Telephone _____
			Fax _____

Electrical Contractor's Name	Wis. Lic.# _____	Mailing Address	Telephone _____
			Fax _____

HVAC Contractor's Name	Wis. Lic.# _____	Mailing Address	Telephone _____
			Fax _____

Architect/Designer's Name	Wis. Lic.# _____	Mailing Address	Telephone _____
			Fax _____

**PROJECT DESCRIPTION** Does this project require any additional approvals or permits?    yes    no

**Addition:**    Electrical    Plumbing    HVAC    Construction sq.ft.    Erosion Control

**Detached Accessory Building:**    Electrical    Plumbing    HVAC    Construction sq.ft.

**Remodel:**    Electrical    Plumbing    HVAC    Construction sq.ft.    Erosion Control

**Electrical Service:**    Upgrade (Amp \_\_\_\_\_ )    Temp (Amp \_\_\_\_\_ )    New (Amp \_\_\_\_\_ )    Feeder - sub (Amp \_\_\_\_\_ )    Underground or Overhead

**Other:**    Electrical    Plumbing    HVAC    Construction sq.ft.    Erosion Control

**Commercial:**   \_\_\_\_\_ sq. ft. involved   \_\_\_\_\_ Total sq. ft. before expansion   \_\_\_\_\_ Total sq. ft. after expansion

**Commercial:**   \_\_\_\_\_ Does this project require plans? (inquire at jurisdiction)

**State of Wisconsin Plan Approval:**    yes    no   (Approved plans must be submitted with permit application)

**New Commercial:**    Electrical    Plumbing    HVAC    Construction    Erosion Control

**Commercial Addition/Alteration:**    Electrical    Plumbing    HVAC    Construction    Erosion Control

**INSTRUCTIONS**

Zoning - Obtain copy of setback information, regarding height, lot coverage, etc.

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, express or implied, on the state or municipality; 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 on the reverse side of the last ply. 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.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_

**APPROVAL CONDITIONS** This permit is 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.

\_\_\_\_\_

<b>Fees:</b>	<b>Permit(s) Issued</b>	<b>Permit Issued By:</b>
Construction   \$ _____	<input type="checkbox"/> Construction	Name: _____ Date: _____ Telephone: _____ Certification No.: _____
Plumbing   \$ _____	<input type="checkbox"/> Plumbing	
Electrical   \$ _____	<input type="checkbox"/> Electrical	
HVAC   \$ _____	<input type="checkbox"/> HVAC	
Zoning   \$ _____	<input type="checkbox"/> Erosion Control	
Other   \$ _____	<input type="checkbox"/> Other	
Total Permit Fee   \$ _____		

Distribution:   White - Issuing Jurisdiction   Canary - Inspector   Pink - Assessor   Gold - Applicant