

KUNKEL ENGINEERING GROUP (920) 356-9447 (920) 382-6202 (mobile)	WISCONSIN UNIFORM BUILDING PERMIT APPLICATION City of Mayville 15 South School Street Mayville, Wisconsin 53050	Permit No. _____ Project Description: _____
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PERMIT REQUESTED **Constr.** **HVAC** **Electric** **Plumbing** **Erosion Control** **Other:**

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

DHS Lead Renovator Cert. No: (If structure was built prior to 1978)	Exp. Date	DHS Lead Company Cert. No.	Exp. Date
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PROJECT LOCATION Lot Area _____ One acre or more of soil _____
 Sq. Ft. will be disturbed _____ _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W

Building Address	Subdivision Name	Lot No.	Block No.
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Zoning District(s)	Zoning Permit No.	SETBACKS	Front	Rear	Left	Right
			ft.	ft.	ft.	ft.

1. PROJECT	3. OCCUPANCY	6. ELECTRIC	9. HVAC EQUIP.	12. ENERGY SOURCE																												
New Repair Alteration Raze Addition Move Other	Single Family Two Family Garage Other:	Entrance Panel Amps: _____ Underground Overhead	Furnace Radiant Basebrd Heat Pump Boiler Central AC Fireplace Other:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat Gas</td> <td>LP</td> <td>Oil</td> <td>Elec</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Water Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg							Water Htg													
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																										
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Water Htg																																
2. AREA INVOLVED (sq. ft.)	4. CONST. TYPE	7. WALLS	10. SEWER	13. HEAT LOSS																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Unit 1</th> <th>Unit 2</th> <th>Total</th> </tr> <tr> <td>Unfin.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bsmt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Living Area</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deck</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> <td></td> </tr> </table>		Unit 1	Unit 2	Total	Unfin.				Bsmt				Living Area				Garage				Deck				Totals				Site-Built Mid. - WI UDC Mid. - US HUD	Wood Frame Steel ICF Timber/Pole Other:	Municipal Sanitary Permit # _____	Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity. _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck Report.)
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	5. STORIES	8. USE	11. WATER	14. EST. BUILDING COST																												
	1-Story 2-Story Other: Plus Basement	Seasonal Permanent Other:	Municipal On-Site Well	\$ _____																												

The applicant agrees to comply with the Municipal Ordinance and with conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate.

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. **See attached for conditions of approval.**

INSPECTIONS NEEDED: **Building:** Footing Rough Insulation Basement Flr Final
Electric: Rough **Service:** Final **Plumbing:** Rough Underfloor Final **HVAC:** Rough Final

FEES:	PERMIT(S) ISSUED	WI PERMIT SEAL NO.	PERMIT ISSUED BY:
Building: \$ _____ Plumbing: \$ _____ HVAC: \$ _____ Electrical: \$ _____ WI Permit Seal: \$ _____ Zoning: \$ _____ Other: \$ _____ Total \$ _____	Construction HVAC Electrical Plumbing Erosion Control Other:	RECEIPT Ck #: _____ Amount: _____ Date: _____ From: _____ Rec By: _____	Name: _____ Date: _____ Tel. _____ Cert No. _____