

FOR INSPECTIONS CALL _____		GENERAL BUILDING PERMIT APPLICATION					PERMIT # _____	
ISSUING JURISDICTION		<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#					EXPIRATION _____	
PROJECT LOCATION		Lot Area _____ Sq. ft.		Finished Project Value _____ \$		Municipality# of Dwelling Location _____		
Building Address: _____				Subdivision Name: _____		Lot / Block No: _____		
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.
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? <input type="checkbox"/> yes <input type="checkbox"/> no						
Addition:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction sq.ft. <input type="checkbox"/> Erosion Control						
Detached Accessory Building:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction sq.ft.						
Remodel:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction sq.ft. <input type="checkbox"/> Erosion Control						
Electrical Service:		<input type="checkbox"/> Upgrade (Amp _____) <input type="checkbox"/> Temp (Amp _____) <input type="checkbox"/> New (Amp _____) <input type="checkbox"/> Feeder - sub (Amp _____) <input type="checkbox"/> Underground or Overhead						
Other:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction sq.ft. <input type="checkbox"/> 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:		<input type="checkbox"/> yes <input type="checkbox"/> no (Approved plans must be submitted with permit application)						
New Commercial:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> Erosion Control						
Commercial Addition/Alteration:		<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Construction <input type="checkbox"/> 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 issuances 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. <input type="checkbox"/> See attached for conditions of approval.						

Fees:		Permit(s) Issued		Permit Issued By:				
Construction	\$ _____	<input type="checkbox"/> Construction		Name: _____				
Plumbing	\$ _____	<input type="checkbox"/> Plumbing		Date: _____ Telephone: _____				
Electrical	\$ _____	<input type="checkbox"/> Electrical		Certification No.: _____				
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