

Inspection Specialists LLC P.O. Box 22 Brussels, WI 54204 (920) 495-3232	WISCONSIN UNIFORM BUILDING PERMIT APPLICATION	PERMIT NO. PARCEL NO.																							
ISSUING MUNICIPALITY	<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY OF _____ COUNTY _____	PROJECT LOCATION (Building Address)	PROJECT DESCRIPTION																						
Owner's Name	Mailing Address		Tel																						
Dwelling Contractor Qualifier	Lic/Cert#	Mailing Address	Tel																						
Construction Contractor	Lic/Cert#	Mailing Address	Tel																						
Plumbing Contractor	Lic/Cert#	Mailing Address	Tel																						
Electrical Contractor	Lic/Cert#	Mailing Address	Tel																						
HVAC Contractor	Lic/Cert#	Mailing Address	Tel																						
PROJECT INFORMATION		Lot area: _____ Sq. ft.	Subdivision Name: _____																						
Lot No.:	Block No.:	Setbacks:	Front: _____ ft. Rear: _____ ft. Left: _____ ft. Right: _____ ft.																						
1. PROJECT <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:	3. OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:	6. ELECTRICAL Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	9. HVAC EQUIPMENT <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Other:	12. ENERGY SOURCE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">Fuel</th> <th style="font-size: small;">Nat Gas</th> <th style="font-size: small;">LP</th> <th style="font-size: small;">Oil</th> <th style="font-size: small;">Elec</th> <th style="font-size: small;">Solid</th> <th style="font-size: small;">Solar</th> </tr> <tr> <td style="text-align: center;">Space Htg <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Water Htg <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space heating equipment capacity.	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg <input type="checkbox"/>	<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"/>	<input type="checkbox"/>
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2. AREA INVOLVED Bsmt. _____ sq.ft. Living Area _____ sq.ft. Garage _____ sq.ft. Decks _____ sq.ft. Other _____ sq.ft. Total _____ sq.ft.	4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD	7. FOUNDATION <input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other:	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.:	13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																				
11. WATER			14. EST. BUILDING COST																						
<input type="checkbox"/> Municipal Utility			\$																						
<input type="checkbox"/> Private On-Site Well																									
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, expressed or implied, on the state, municipality, inspection agency or inspector; 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. 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 that is being done.																									
APPLICANT'S SIGNATURE _____		DATE _____																							
PRINT NAME _____																									
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. <input type="checkbox"/> See attached for additional conditions of approval.																									
WI Seal No. _____		Municipality No. _____ - _____																							
FEES:	PERMIT NUMBER	RECEIPT	PERMIT ISSUED BY:																						
Building \$ _____ Electric \$ _____ Plumbing \$ _____ Hvac \$ _____ Wis. State Seal \$ _____ Other _____ \$ _____ Total \$ _____	Elec. # _____ Plmb. # _____ HVAC # _____	CK # _____ Amount \$ _____ Date _____ From _____	Name _____ Date _____ Phone _____ Cert No. _____																						