

Inspection Specialists LLC P.O. Box 22 Brussels, WI 54204 (920) 495-3232		<h2 style="margin: 0;">Wisconsin Uniform Building Permit Application</h2>				Permit No. _____ Parcel No. _____																								
ISSUING MUNICIPALITY		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OF _____ COUNTY _____		PROJECT LOCATION		Street Address _____																								
Owner's Name _____		Mailing Address (Street, City, Zip) _____				Telephone _____																								
Dwelling Contractor Qualifier _____		Lic/Cert# _____	Exp. Date _____	Mailing Address (Street, City, Zip) _____		Telephone _____																								
Construction Contractor _____		Lic/Cert# _____	Exp. Date _____	Mailing Address (Street, City, Zip) _____		Telephone _____																								
Plumbing Contractor _____		Lic/Cert# _____	Exp. Date _____	Mailing Address (Street, City, Zip) _____		Telephone _____																								
Electrical Contractor _____		Lic/Cert# _____	Exp. Date _____	Mailing Address (Street, City, Zip) _____		Telephone _____																								
HVAC Contractor _____		Lic/Cert# _____	Exp. Date _____	Mailing Address (Street, City, Zip) _____		Telephone _____																								
1. PROJECT <input type="checkbox"/> New Dwelling <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Commercial		3. OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Detach. Garage <input type="checkbox"/> Commercial		6. ELECTRIC Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		9. HVAC EQUIP. <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" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Fuel</th> <th style="width:10%;">Nat Gas</th> <th style="width:10%;">LP</th> <th style="width:10%;">Oil</th> <th style="width:10%;">Elec</th> <th style="width:10%;">Solid</th> <th style="width:10%;">Solar</th> </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	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 <u>Total sq. ft.</u> Crawl Space _____ Unfin. Bsmt. _____ Living Area _____ Garage _____ Decks _____ Other _____ Total _____		4. CONST. TYPE <input type="checkbox"/> Site Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		7. FOUNDATION <input type="checkbox"/> Concret <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____		10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____		12. ENERGY SOURCE 13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on REScheck report)																						
5. STORIES <input type="checkbox"/> 1- Story <input type="checkbox"/> 2- Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement		8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Rental <input type="checkbox"/> Other _____		11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well		14. EST. BUILDING COST \$ _____																								
I understand that I am subject to all applicable codes, laws, statutes and ordinances; am subject to any conditions of this permit; understand the issuance of this permit creates no legal liability, express or implied, on the state or municipality, and the 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. 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 storm water management. 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 (Print:) _____				EMAIL _____																										
SIGNATURE: _____				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. <input type="checkbox"/> See attached for additional conditions of approval																												
WI Seal No. _____				Municipality No. _____ - _____																										
FEES: Building \$ _____ Electric \$ _____ Plumbing \$ _____ HVAC \$ _____ WI State Seal \$ _____ Zoning \$ _____ Sewer & Water \$ _____ Other \$ _____ Total \$ _____		PERMIT NO. Elec. # _____ Plmb. # _____ HVAC # _____		RECEIPT CK # _____ \$ _____ Date _____ From _____		PERMIT ISSUED BY: Name _____ Date _____ Tel. _____ Cert No. _____																								