

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 (Building Address)		Street, City, Zip _____																													
			PROJECT DESCRIPTION																															
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		3. OCCUPANCY		6. ELECTRIC		9. HVAC EQUIP.		12. ENERGY SOURCE																										
<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: _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____		Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec</td> <td style="width:10%;">Solid</td> <td style="width:10%;">Solar</td> </tr> <tr> <td>Space Htg</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>Water Htg</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>		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"/>	7. FOUNDATION			
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"/>																												
2. AREA INVOLVED		4. CONST. TYPE		10. SEWER		13. HEAT LOSS																												
<u>Total sq. ft.</u> Unfin. Bsmt. _____ Living Area _____ Garage _____ Decks _____ Other _____ Total _____		<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other: _____		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____		_____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)																										
		5. STORIES		8. USE		14. EST. BUILDING COST																												
		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____		11. WATER		\$ _____																										
						<input type="checkbox"/> Municipal																												
						<input type="checkbox"/> On-Site Well																												
I understand that I: am subject to all applicable codes, laws, statutes and ordinances; am subject to any conditions of this permit; understand that 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:) _____																																		
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:			PERMIT NUMBER			RECEIPT			PERMIT ISSUED BY:																									
Building \$ _____ Electric \$ _____ Plumbing \$ _____ Hvac \$ _____ Wis. State Seal \$ _____ Zoning \$ _____ Sewer & Water \$ _____ Other \$ _____ Total \$ _____			Elec. # _____ Plmb. # _____ HVAC # _____			CK # _____ \$ _____ Date _____ From _____			Name _____ Date _____ Tel. _____ Cert No. _____ Email: _____																									