

|   |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|---|---|--|---|--------------------------|--------------------------|--------------------------|-----|------|-------|-------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Wisconsin Division<br>of Safety and Buildings<br><br>Wisconsin Stats. 101.63, 101.73  | <b>WISCONSIN UNIFORM BUILDING<br/>PERMIT APPLICATION</b><br><br><b>Instructions on back of second ply.</b> The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))] | Application No.<br><br>Parcel No.  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>PERMIT REQUESTED</b> <input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:   |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Owner's Name  |   | Mailing Address  | Tel.  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Contractor Name & Type  |   | Lic/Cert#  | Mailing Address   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Dwelling Contractor (Constr.)   |   |  | Tel. & Fax  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Dwelling Contr. Qualifier   |   | The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.   |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| HVAC  |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Electrical  |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Plumbing  |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>PROJECT LOCATION</b>   | Lot area Sq.ft.   | <input type="checkbox"/> One acre or more of soil will be disturbed  | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Building Address  |   | Subdivision Name   | Lot No.      Block No.  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Zoning District(s)  |   | Zoning Permit No.  | Setbacks:      Front      Rear      Left      Right   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | ft.      ft.      ft.      ft.  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>1. PROJECT</b>   |   | <b>3. OCCUPANCY</b>  | <b>6. ELECTRIC</b>  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> New <input type="checkbox"/> Repair<br><input type="checkbox"/> Alteration <input type="checkbox"/> Raze<br><input type="checkbox"/> Addition <input type="checkbox"/> Move<br><input type="checkbox"/> Other:   |   | <input type="checkbox"/> Single Family<br><input type="checkbox"/> Two Family<br><input type="checkbox"/> Garage<br><input type="checkbox"/> Other:                      | Entrance Panel<br>Amps: _____<br><input type="checkbox"/> Underground<br><input type="checkbox"/> Overhead  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>2. AREA INVOLVED (sq ft)</b>   |   | <b>4. CONST. TYPE</b>  | <b>7. WALLS</b>   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   | Unit 1    Unit 2    Total   | <input type="checkbox"/> Site-Built<br><input type="checkbox"/> Mfd. per WI UDC<br><input type="checkbox"/> Mfd. per US HUD  | <input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Steel<br><input type="checkbox"/> ICF<br><input type="checkbox"/> Timber/Pole<br><input type="checkbox"/> Other:  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Unfin. Bsmt   |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Living Area   |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Garage  |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Deck  |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Totals  |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   | <b>5. STORIES</b>  | <b>8. USE</b>   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   | <input type="checkbox"/> 1-Story<br><input type="checkbox"/> 2-Story<br><input type="checkbox"/> Other:<br><input type="checkbox"/> Plus Basement                        | <input type="checkbox"/> Seasonal<br><input type="checkbox"/> Permanent<br><input type="checkbox"/> Other:  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <b>9. HVAC EQUIP.</b>   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <input type="checkbox"/> Furnace<br><input type="checkbox"/> Radiant Basebd<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Boiler<br><input type="checkbox"/> Central AC<br><input type="checkbox"/> Fireplace<br><input type="checkbox"/> Other:  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <b>10. SEWER</b>  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <input type="checkbox"/> Municipal<br><input type="checkbox"/> Sanitary Permit# _____   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <b>11. WATER</b>  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <input type="checkbox"/> Municipal<br><input type="checkbox"/> On-Site Well   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <b>12. ENERGY SOURCE</b>  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <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><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"/> | Water Htg | <input type="checkbox"/> |
| 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"/> |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <b>13. HEAT LOSS</b>  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | _____ BTU/HR Total Calculated<br>Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <b>14. EST. BUILDING COST w/o LAND</b>  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | \$ _____  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; 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 certify that all the above information is accurate. 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 stormwater management and the owner shall sign the statement on the back of the permit if not signing below. 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.<br><input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply of this form. |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>APPLICANT (Print:)</b> _____   |   | <b>Sign:</b> _____   | <b>DATE</b> _____   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>APPROVAL CONDITIONS</b> 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 conditions of approval.  |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>ISSUING JURISDICTION</b>   |   | <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State→ | State-Contracted Inspection Agency#:  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | Municipality Number of Dwelling Location  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| <b>FEES:</b>  |   | <b>PERMIT(S) ISSUED</b>  | <b>WIS PERMIT SEAL #</b>  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Plan Review   | \$ _____  | <input type="checkbox"/> Construction  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Inspection  | \$ _____  | <input type="checkbox"/> HVAC  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Wis. Permit Seal  | \$ _____  | <input type="checkbox"/> Electrical  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Other   | \$ _____  | <input type="checkbox"/> Plumbing  |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
| Total   | \$ _____  | <input type="checkbox"/> Erosion Control   |   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | <b>PERMIT ISSUED BY:</b>  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | Name _____  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | Date _____ Tel. _____   |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |
|   |   |  | Cert No. _____  |                          |                          |                          |     |      |       |       |           |                          |                          |                          |                          |                          |                          |           |                          |                          |                          |                          |                          |                          |

**WISCONSIN UNIFORM BUILDING PERMIT APPLICATION INSTRUCTIONS**

The owner, builder or agents shall complete the application form down through the Signature of Applicant block and submit it and building plans and specifications to the enforcing municipality. Permit application data is used for statewide statistical gathering on new one- and two-family dwellings, as well as for local code administration. **Please type or use ink and press firmly with multi-ply form.**

**PERMIT REQUESTED**

- Check off type of Permit Requested, such as structural, HVAC, Electrical or Plumbing.
- Fill in owner's current Mailing Address and Telephone Number.
- If the project will disturb one acre or more of soil, the project is subject to the additional erosion control and stormwater provisions of ch. NR 151 of the WI Administrative Code. Checking this box will satisfy the related notification requirements of ch. NR 216.
- Fill in Contractor and Contractor Qualifier Information. Per s. 101.654 (1) WI Stats., an individual taking out an erosion control or construction permit shall enter his or her dwelling contractor certificate number, and name and certificate number of the dwelling contractor qualifier employed by the contractor, unless they reside or will reside in the dwelling. Per s. 101.63 (7) Wis. Stats., the master plumber name and license number must be entered before issuing a plumbing permit.

**PROJECT LOCATION**

- Fill in Building Address (number and street or sufficient information so that the building inspector can locate the site).
- Local zoning, land use and flood plain requirements must be satisfied before a building permit can be issued. County approval may be necessary.
- Fill in Zoning District, lot area and required building setbacks.

**PROJECT DATA -** Fill in all numbered project data blocks (1-14) with the required information. All data blocks must be filled in, including the following:

- Area (involved in project):
  - Basements - include unfinished area only
  - Living area - include any finished area including finished areas in basements
  - Two-family dwellings - include separate and total combined areas
- Occupancy - Check only "Single-Family" or "Two-Family" if that is what is being worked on. In other words, do not check either of these two blocks if only a new detached garage is being built, even if it serves a one or two family dwelling. Instead, check "Garage" and number of stalls. If the project is a community based residential facility serving 3 to 8 residents, it is considered a single-family dwelling.
- HVAC Equipment - Check only the major source of heat, plus central air conditioning if present. Only check "Radiant Baseboard" if there is no central source of heat.
- Plumbing - A building permit cannot be issued until a sanitary permit has been issued for any new or affected existing private onsite wastewater treatment system.
- Estimated Cost - Include the total cost of construction, including materials and market rate labor, but not the cost of land or landscaping.

**SIGNATURE -** Sign and date this application form. If you do not possess the Dwelling Contractor certification, then you will need to check the owner-occupancy statement for any erosion control or construction permits.

**CONDITIONS OF APPROVAL -** The authority having jurisdiction uses this section to state any conditions that must be complied with pursuant to issuing the building permit.

**ISSUING JURISDICTION:** This must be completed by the authority having jurisdiction.

- Check off Jurisdiction Status, such as town, village, city, county or state and fill in Municipality Name
- Fill in State Inspection Agency number only if working under state inspection jurisdiction.
- Fill in Municipality Number of Dwelling Location
- Check off type of Permit Issued, such as construction, HVAC, electrical or plumbing.
- Fill in Wisconsin Uniform Permit Seal Number, if project is a new one- or two-family dwelling.
- Fill in Name and Inspector Certification Number of person reviewing building plans and date building permit issued.

**PLEASE RETURN SECOND PLY WITHIN 30 DAYS AFTER ISSUANCE TO** (You may fold along the dashed lines and insert this form into a window envelope.):

Safety & Buildings Division  
 P O Box 2509  
 Madison, WI 53701-2509

| Item             | Fee       |
|------------------|-----------|
| Construction     | \$        |
| HVAC             | \$        |
| Electrical       | \$        |
| Plumbing         | \$        |
| Erosion Control  | \$        |
| Plan Review      | \$        |
| Inspection       | \$        |
| Wis. Permit Seal | \$        |
| Other            | \$        |
| <b>Total</b>     | <b>\$</b> |

**WISCONSIN UNIFORM BUILDING PERMIT APPLICATION**  
(Part of Ply 4 for Applicants)

Instructions on back provide may be used by other government agency programs (Privacy Law, s. 19.04 (1)(m))

Wisconsin Stats. 101.63, 101.73

Wisconsin Division of Safety and Buildings

Application No. \_\_\_\_\_ Parcel No. \_\_\_\_\_

**PERMIT REQUESTED:**  Const.  HVAC  Electric  Plumbing  Erosion Control  Other: \_\_\_\_\_

**Cautionary Statement to Owners Obtaining Building Permits**

101.65(fr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

**Cautionary Statement to Contractors for Projects Involving Building Built Before 1978**

If this project is in a dwelling or child-occupied facility, built before 1978, and disturbs 6 sq. ft. or more of paint per room, 20 sq. ft. or more of exterior paint, or involves windows, then the requirements of ch. DHS 163 requiring Lead-Safe Renovation Training and Certification apply. Call (608)261-6876 or go to <http://dhs.wisconsin.gov/lead/WisconsinRRPRRule.htm> for details of how to be in compliance

**Wetlands Notice to Permit Applicants**

You are responsible for complying with state and federal laws concerning the construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the Department of Natural Resources wetlands identification web page or contact a Department of Natural Resources service center.

**Additional Responsibilities for Owners of Projects Disturbing One or More Acre of Soil**

I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and will comply with those standards.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ISSUING JURISDICTION**

Town of \_\_\_\_\_ Village of \_\_\_\_\_ City of \_\_\_\_\_ County of \_\_\_\_\_ State of Wisconsin

Agency: \_\_\_\_\_ State-Contracted Inspector \_\_\_\_\_

City of \_\_\_\_\_ Municipal \_\_\_\_\_

Other: \_\_\_\_\_

**FEE SCHEDULE:**

|                  |    |
|------------------|----|
| Plan Review      | \$ |
| Inspection       | \$ |
| Wis. Permit Seal | \$ |
| Other            | \$ |
| <b>Total</b>     | \$ |

**PERMITS ISSUED:**  Construction  HVAC  Electrical  Plumbing  Erosion Control

WIS PERMIT SEALS \_\_\_\_\_

PERMIT ISSUED BY: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Tel. \_\_\_\_\_

City No. \_\_\_\_\_