

Inspection Specialists LLC P.O. Box 22 Brussels, WI 54204 (920) 495-3232	WISCONSIN UNIFORM BUILDING PERMIT APPLICATION	PERMIT NO. _____ PARCEL NO. _____
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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
Construction Contractor	Lic/Cert#	Mailing Address
Plumbing Contractor	Lic/Cert#	Mailing Address
Electrical Contractor	Lic/Cert#	Mailing Address
HVAC Contractor	Lic/Cert#	Mailing Address

PROJECT INFORMATION	Lot area: _____ Sq. ft.	Subdivision Name: _____
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Lot No.:	Block No.:	Setbacks:	Front: _____ ft.	Rear: _____ ft.	Left: _____ ft.	Right: _____ ft.
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1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	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"/> 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: _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black;">Fuel</td> <td style="border: 1px solid black;">Nat Gas</td> <td style="border: 1px solid black;">LP</td> <td style="border: 1px solid black;">Oil</td> <td style="border: 1px solid black;">Elec</td> <td style="border: 1px solid black;">Solid</td> <td style="border: 1px solid black;">Solar</td> </tr> <tr> <td style="border: 1px solid black;">Space Htg</td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: 1px solid black;"><input type="checkbox"/></td> </tr> <tr> <td style="border: 1px solid black;">Water Htg</td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td style="border: 1px solid black;"><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"/>	<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"/>																						
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	7. FOUNDATION	10. SEWER	13. HEAT LOSS																								
Bsmt. _____ sq.ft. Living Area _____ sq.ft. Garage _____ sq.ft. Decks _____ sq.ft. Other _____ sq.ft. Total _____ sq.ft.	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mft: (WI UDC <input type="checkbox"/> U.S. 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 No.: _____	_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																								
	5. STORIES	8. USE	11. WATER	14. EST. BUILDING COST																								
	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	<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. 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. _____