

APPLICANT- PLEASE DO NOT SEPARATE THIS FORM. Your copy will be returned to you with your permit.

Fenley Total Inspections
343 Harris St.
Mineral Point, WI 53565
608-963-0652

UNIFORM APPLICATION BUILDING PERMIT

Permit No. _____

Wisconsin Statutes 101.63, 101.73
The information you provide may be used by other government agency programs. [(Privacy Law, S. 15.04 (1)(m))]

Project Description: _____

PERMIT REQUESTED Construction HVAC Electric Plumbing Erosion Control Other:

Owner's Name: _____ Mailing Address: _____ Tel. _____

Contractor Name & Type **Lic/Cert#** **Mailing Address** **Tel. & Fax**

Dwelling Contractor (Constr.) _____

Dwelling Contr. Qualifier _____
The Dwelling Contractor Qualifier shall be an Owner, CEO, COB or Employee of the Dwelling Contractor

HVAC Contractor's Name: _____

Electrical Contractor's Name: _____

Plumbing Contractor's Name: _____

PROJECT LOCATION Lot area _____ Sq. ft. One acre or more of soil will be disturbed _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E (or) W

Site Address: _____ Subdivision Name: _____ Lot No. _____ Block No. _____

Zoning District(s) _____ Zoning Permit No. _____ **Setbacks:** Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.

1. PROJECT	3. OCCUPANCY	6. ELECTRICAL	9. HVAC EQUIPMENT	12. ENERGY SOURCE																					
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Other: <input type="checkbox"/> Move	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Garage <input type="checkbox"/> Other:	Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead 7. WALLS <input type="checkbox"/> Wood Frame <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Other:	<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard/Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Cond. <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Fuel</td> <td style="text-align: center;">Nat Gas</td> <td style="text-align: center;">LP</td> <td style="text-align: center;">Oil</td> <td style="text-align: center;">Elec</td> <td style="text-align: center;">Solid</td> <td style="text-align: center;">Solar</td> </tr> <tr> <td>Space Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Water Htg</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	Space Htg							Water Htg						
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar																			
Space Htg																									
Water Htg																									
2. AREA INVOLVED	4. CONST. TYPE	8. USE	10. SEWER	13. HEAT LOSS																					
Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Other _____ Sq Ft Total _____ Sq Ft	<input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <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		11. WATER	14. EST. BUILDING COST w/o LAND																					
	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	\$ _____																					

I understand that I am subject to all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the 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.

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 permit.

APPLICANT'S SIGNATURE _____ **DATE SIGNED** _____

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 conditions of approval.

ISSUING JURISDICTION Town of Village of City of County of State State Contracted Inspection Agency# _____ Municipality Number of Dwelling Location _____

FEES:	INSPECTIONS REQUIRED	WI PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ _____ Inspection \$ _____ WI Seal \$ _____ Other \$ _____ TOTAL \$ _____	<input type="checkbox"/> Footing <input type="checkbox"/> Underfloor Plumbing/test <input type="checkbox"/> Foundation <input type="checkbox"/> OS Sewer Lateral/test <input type="checkbox"/> Rough Construction <input type="checkbox"/> Electric Service <input type="checkbox"/> Rough Electrical <input type="checkbox"/> Insulation <input type="checkbox"/> Rough HVAC <input type="checkbox"/> Final <input type="checkbox"/> Rough Plumbing/test	_____	Name _____ Date _____ Tel. _____ Cert No. _____

RECEIPT: Check #: _____ From: _____ Rec'd by: _____ Date: _____