

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73	Wisconsin Uniform Building Permit Application Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]	Application No. _____ Parcel No. _____
PERMIT REQUESTED <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 _____	Email: _____ Tel. _____
Contractor Name & Type	Lic/Cert# Exp Date	Mailing Address
Dwelling Contractor (Constr.)		Tel. & Email
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.)		
HVAC		
Electrical Contractor		
Electrical Master Electrician		
Plumbing		
PROJECT LOCATION	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 _____
Building Address _____		County _____ Subdivision Name _____ Lot No. _____ Block No. _____
Zoning District(s) _____	Zoning Permit No. _____	Setbacks: Front _____ ft. Rear _____ ft. Left _____ ft. Right _____ ft.
1. PROJECT	<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input type="checkbox"/> Other	
2. AREA INVOLVED (sq ft)	Unit 1	Unit 2 Total
Unfin. Bsmt.		
Living Area		
Garage		
Deck/Porch		
Totals		
3. OCCUPANCY	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other	4. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:
5. CONSTRUCTION TYPE	<input type="checkbox"/> Site Built <input type="checkbox"/> Mfd. Per WI UDC <input type="checkbox"/> Mfd. Per US HUD	
6. STORIES	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plus Basement	7. EST. BUILDING COST w/o LAND \$ _____
8. WALLS	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> CF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other	9. ELECTRIC Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead
10. SEWER	<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit # _____	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, 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. <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.		
APPLICANT (Print:) _____		Sign: _____ 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 conditions of approval.		
ISSUING JURISDICTION	<input type="checkbox"/> Town of _____ <input type="checkbox"/> County of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> State _____ <input type="checkbox"/> City of _____	State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location: _____
FEES:	PERMIT(S) ISSUED	PERMIT ISSUED BY:
Plan Review \$ _____	<input type="checkbox"/> Construction	Name _____
Inspection \$ _____	<input type="checkbox"/> HVAC	Date _____ Tel. _____
Wis. Permit Seal \$ _____	<input type="checkbox"/> Electrical	Cert No. _____
Other \$ _____	<input type="checkbox"/> Plumbing	Email: _____
Total \$ _____	<input type="checkbox"/> Erosion Control	

SBD-5823(R4/17) Distribute: Ply 1 - Issuing Jurisdiction; Ply 2- Issuer forwards to state w/in 30 days; Ply 3- Inspector; Ply 4- Applicant