

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

TOTAL INSPECTION SERVICES 131 Tyvand Road Blanchardville, WI 53516 608-963-0652		UNIFORM APPLICATION BUILDING PERMIT 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))]			Permit No. _____						
					Project Description: _____						
PERMIT REQUESTED		<input type="checkbox"/> Construction <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 Dwelling Contractor (Constr.)		Lic/Cert#	Mailing Address		Tel. & Fax						
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	<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: _____	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar	
Bsmt _____ Sq Ft	4. CONST. TYPE	7. WALLS	Space Htg								
Living Area _____ 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"/> Wood Frame <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Other: _____	Water Htg								
Garage _____ Sq Ft	5. STORIES	8. USE	13. HEAT LOSS								
Other _____ Sq Ft	<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	<input type="checkbox"/> BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)								
Total _____ Sq Ft	6. USE	10. SEWER	14. EST. BUILDING COST w/o LAND								
		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No. _____	<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well				\$ _____				
<p>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.</p> <p>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 page.</p>											
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. <input type="checkbox"/> 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 \$ _____		<input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough Construction <input type="checkbox"/> Rough Electrical <input type="checkbox"/> Rough HVAC <input type="checkbox"/> Rough Plumbing/test				<input type="checkbox"/> Underfloor Plumbing/test <input type="checkbox"/> OS Sewer Lateral/test <input type="checkbox"/> Electric Service <input type="checkbox"/> Insulation <input type="checkbox"/> Final		Name _____ Date _____ Tel. _____ Cert No. _____			
Inspection \$ _____											
WI Seal \$ _____											
Other \$ _____											
TOTAL \$ _____											
RECEIPT:	Check #: _____ From: _____ Rec'd by: _____ Date: _____										
Distribution <input type="checkbox"/> White: File		Yellow: Department of Commerce				Pink: Municipality				Gold: Applicant	
											Rev. 11-08