

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

<b>FENLEY TOTAL INSPECTIONS</b> 322 9th Street Mineral Point, WI 53565 608-963-0652	<h2 style="margin:0;">UNIFORM APPLICATION</h2> <h3 style="margin:0;">BUILDING PERMIT</h3> <p style="margin:0;"><b>Wisconsin Statutes 101.63, 101.73</b></p> <p style="margin:0;"><b>The information you provide may be used by other government agency programs. [(Privacy Law, S. 15.04 (1)(m))]</b></p>	Permit No. _____  Project Description: _____
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**PERMIT REQUESTED**     Construction    HVAC    Electric    Plumbing    Erosion Control    Other:

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

<b>1. PROJECT</b> <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	<b>3. OCCUPANCY</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Garage <input type="checkbox"/> Other:	<b>6. ELECTRICAL</b> Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <b>7. WALLS</b> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Other:	<b>9. HVAC EQUIPMENT</b> <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:	<b>12. ENERGY SOURCE</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: none;">Fuel</td> <td style="border: none;">Nat Gas</td> <td style="border: none;">LP</td> <td style="border: none;">Oil</td> <td style="border: none;">Elec</td> <td style="border: none;">Solid</td> <td style="border: none;">Solar</td> </tr> <tr> <td style="border: none;">Space Htg</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Water Htg</td> <td style="border: none;"></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																									
<b>2. AREA INVOLVED</b>  Bsmnt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Other _____ Sq Ft <b>Total</b> _____ Sq Ft	<b>4. CONST. TYPE</b> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD	<b>8. USE</b> <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	<b>10. SEWER</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____	<b>13. HEAT LOSS</b>  _____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on WIScheck report)																					
			<b>11. WATER</b> <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	<b>14. EST. BUILDING COST w/o LAND</b> \$ _____																					

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 last ply.**

**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 \$ _____	<input type="checkbox"/> Footing <input type="checkbox"/> Underfloor Plumbing/test		Name _____
Inspection \$ _____	<input type="checkbox"/> Foundation <input type="checkbox"/> OS Sewer Lateral/test		Date _____ Tel. _____
WI Seal \$ _____	<input type="checkbox"/> Rough Construction <input type="checkbox"/> Electric Service		Cert No. _____
Other \$ _____	<input type="checkbox"/> Rough Electrical <input type="checkbox"/> Insulation		
<b>TOTAL</b> \$ _____	<input type="checkbox"/> Rough HVAC <input type="checkbox"/> Final		
	<input type="checkbox"/> Rough Plumbing/test		

**RECEIPT:**    Check #: \_\_\_\_\_ From: \_\_\_\_\_    Rec'd by: \_\_\_\_\_    Date: \_\_\_\_\_