

FENLEY TOTAL INSPECTIONS 322 9th Street Mineral Point, WI 53565 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: _____
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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
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Site Address: _____	Subdivision Name: _____	Lot No. _____	Block No. _____
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Zoning District(s) _____	Zoning Permit No. _____	Setbacks:	Front _____ ft.	Rear _____ ft.	Left _____ ft.	Right _____ ft.
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1. PROJECT <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	3. OCCUPANCY <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Garage <input type="checkbox"/> Other:	6. ELECTRICAL Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	9. HVAC EQUIPMENT <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:	12. ENERGY SOURCE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Fuel</td> <td style="width:10%;">Nat Gas</td> <td style="width:10%;">LP</td> <td style="width:10%;">Oil</td> <td style="width:10%;">Elec</td> <td style="width:10%;">Solid</td> <td style="width:10%;">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 Bsmt _____ Sq Ft Living Area _____ Sq Ft Garage _____ Sq Ft Other _____ Sq Ft Total _____ Sq Ft	4. CONST. TYPE <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd: <input type="checkbox"/> WI UDC <input type="checkbox"/> U.S. HUD	7. WALLS <input type="checkbox"/> Wood Frame <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Other:	10. SEWER <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit No.: _____	13. HEAT LOSS _____ 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 <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement	8. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:	11. WATER <input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well	14. EST. BUILDING COST w/o LAND \$ _____																					

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	<input type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input type="checkbox"/> County of <input type="checkbox"/> State	State Contracted Inspection Agency# _____	Municipality Number of Dwelling Location _____
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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		
TOTAL \$ _____	<input type="checkbox"/> Rough HVAC <input type="checkbox"/> Final		

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